NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Application to Local Registrar For Copy of Birth Record

Name (First / Middle / Last)	Date of Birth __ __ __ __ __ __ __ __ (M M D D Y Y Y Y)
Place of Birth — Hospital (if not hospital, give street & number)	Village, Town or City / County
Father's Name (First / Middle / Last)	Mother's Maiden Name (First / Middle / Last)
Number of Copies Requested	Enter Birth No. if Known / Enter Local Registration No. if Known

Purpose for which Record is Required (Check One)

- __ Passport
- __ Social Security-Retirement
- __ Social Security SSI
- __ Retirement
- __ Employment
- __ Working Papers
- __ School Entrance
- __ Driver's License
- __ Marriage License
- __ Welfare Assistance
- __ Veteran's Benefits
- __ Court Proceeding
- __ Entrance into Armed Forces
- __ Other (specify) _____

Name (First / Middle / Last)	If attorney, give name and relationship of your client to person whose record is required
What is your relationship to person whose record is required? __ Self __ Parent __ Other, specify _____	Name of Client _____ Relationship _____
Telephone No. (__ __ __) __ __ __ - __ __ __ __	
Social Security No. __ __ __ - __ __ - __ __ __ __	
Signature of Applicant / Date __ __ __ __ __ __ (M M D D Y Y)	**FOR REGISTRAR'S USE ONLY**
Address of Applicant	TYPE OF ID (Photocopy ID and attach to application form)
Street	___ Driver's License State ____ No. _____
City / State / Zip Code	___ Other ID, specify _____ No. _____

TYPES OF ACCEPTABLE IDENTIFICATION

1. Driver's license
2. Non-driver's license
3. Passport
4. Naturalization Papers
5. Military ID
6. Employer's Photo ID
7. Two utility bills, showing applicant's name and address
8. Police report of lost or stolen ID

DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED DOH-296A (11/94)