

**NEW YORK STATE DEPARTMENT OF HEALTH
VITAL RECORDS SECTION**

**Application to Local Registrar
for Copy of Birth Record**

Fee: Monroe County - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification

Identification Requirements: Application *must* be submitted with copies of either A or B.

(Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.)

A. One (1) of the following forms of valid **photo-ID**: **-OR-** B. Two (2) of the following showing the applicant's name and address:

- Driver license
- Non-driver photo-ID card
- Passport
- Employment ID

- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

Name: (as listed on birth certificate)

Date of Birth:

First

Middle

Last

(mm / dd / yyyy)

Town, city or village where birth occurred:

Name of hospital where birth occurred: (If known)

Maiden Name of Mother: (as listed on birth certificate)

Local Registration No.:
(If known)

First

Middle

Maiden Last

Father: (as listed on birth certificate)

Number of Copies
Requested:

First

Middle

Last

Purpose for which
Record is Required:
(Check one)

- ☐ Passport
- ☐ Social Security
- ☐ Retirement
- ☐ Other (specify) _____

- ☐ Employment
- ☐ Working Papers
- ☐ School entrance

- ☐ Driver license
- ☐ Marriage license
- ☐ Welfare assistance

- ☐ Veteran's benefits
- ☐ Court proceeding
- ☐ Entrance into
Armed Forces

If request is not from child/parents named on the requested certificate, notarized authorization is required.

What is your relationship to person whose record is required? (If self, state "SELF".)

If attorney, give name and relationship of your client to person whose record is required:

Signature of Applicant:

Date Signed:

Month Day Year

FOR REGISTRAR'S USE ONLY

(Photocopy ID and attach to application form)

Type of ID:

☐ Driver License

Issuing state: _____

Expiration date: _____

Number: _____

☐ Other ID, Specify

Number: _____

Type: _____

Number: _____

Type: _____

Address of Applicant:

(Applicant's Name)

(Street)

(City)

(State)

(Zip)

Telephone No.: ()