

**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 <i>must</i> 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:				
<ul style="list-style-type: none"> • Driver license • Non-driver photo-ID card • Passport • Employment ID 	<ul style="list-style-type: none"> • Utility or telephone bills • Letter from a government agency dated within the last six (6) months 			
Name: <i>(as listed on birth certificate)</i>			Date of Birth:	
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>(mm / dd / yyyy)</i>	
Town, city or village where birth occurred:		Name of hospital where birth occurred: <i>(If known)</i>		
Maiden Name of Mother: <i>(as listed on birth certificate)</i>			Local Registration No.: <i>(If known)</i>	
<i>First</i>	<i>Middle</i>	<i>Maiden Last</i>		
Father: <i>(as listed on birth certificate)</i>			Number of Copies Requested:	
<i>First</i>	<i>Middle</i>	<i>Last</i>		
Purpose for which Record is Required: <i>(Check one)</i>	<input type="checkbox"/> Passport <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement <input type="checkbox"/> Other <i>(specify)</i> _____	<input type="checkbox"/> Employment <input type="checkbox"/> Working Papers <input type="checkbox"/> School entrance	<input type="checkbox"/> Driver license <input type="checkbox"/> Marriage license <input type="checkbox"/> Welfare assistance	<input type="checkbox"/> Veteran's benefits <input type="checkbox"/> Court proceeding <input type="checkbox"/> 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? <i>(If self, state "SELF".)</i>		If attorney, give name and relationship of your client to person whose record is required:		
Signature of Applicant:		Date Signed: Month Day Year		
Address of Applicant:		FOR REGISTRAR'S USE ONLY <i>(Photocopy ID and attach to application form)</i>		
<i>(Applicant's Name)</i> _____		Type of ID: <input type="checkbox"/> Driver License		
<i>(Street)</i> _____		Issuing state: _____		
<i>(City)</i> _____ <i>(State)</i> _____ <i>(Zip)</i> _____		Expiration date: _____		
Telephone No.: () _____		Number: _____		
		<input type="checkbox"/> Other ID, Specify		
		Number: _____		
		Type: _____		
		Number: _____		
		Type: _____		