NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

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 (First Middle Last)	Maiden Name Of Mother (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
- ❑ Other_____
- ❑ Working Papers
- ❑ School Entrance
- ❑ Driver's License
- ❑ Marriage License
- ❑ Welfare Assistance
- ❑ Veteran's Benefits
- ❑ Court Proceeding
- ❑ Entrance into Armed Forces

APPLICANT INFORMATION

NAME
_____
FIRST MIDDLE LAST

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

(name of client)	(relationship)

What is your relationship to person whose record is required?
□Self □Parent □Other, specify_____

Telephone no. ( ) -

Social Security No. - -

Signature of Applicant

Date (M M D D Y Y)

Address of Applicant

_____
Street
_____
City State Zip Code

FOR REGISTRAR'S USE ONLY
(Photocopy ID and attach to application form)

TYPE OF ID:

☐ Driver's License
State_____ No. _____

☐ Other ID, specify
_____
No. _____