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 (Specify) _____
- ☐ 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)

What is your relationship to person whose record is required?

☐ Self ☐ Parent ☐ Other, specify _____

Telephone No. (___) ___-____

Social Security No. ___-__-____

Signature of Applicant — Date (MM DD YY)

Address of Applicant

Street

City — State — Zip Code

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

(name of client) — (relationship)

FOR REGISTRAR'S USE ONLY

(Photocopy ID and attach to application form)

TYPE OF ID

☐ Driver's License

State ____ No. _____

☐ Other ID, specify _____

No. _____