NEW YORK STATE DEPARTMENT OF HEALTH Vital Records Section

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION				
First Middle Name	Last	Date of Birth		
Hospital (If not hospital, give street & number) Place of Birth		(Village, Town or City) County		
First Middle Father	Last	Maiden Na of Mother	ume First Middle	e Last
Number of Copies Requested Enter Birth No if Known		 Enter Local Registration No. if Known 		
Purpose for Which Image: Second is Required Record is Required Image: Feature second seco	Working Papers Welfare Assistance ement School Entrance Veteran's Benefits Driver's License Court Proceeding Marriage License Entrance into Armed Forces			
APPLICANT INFORMATION				
NAME MIDDLE LAST What is your relationship to person whose record is required? Image: Self is required? Image: Self is required? Image: Self is required? Image: Telephone No. (Image: Self is required) Image: Self is required? Image: Self is required? Image: Self is required? Image: Self is required? Image: Self is required? Image: Telephone No. (Image: Self is required) Image: Self is required? Image: Self is required? Image: Self is required?		State of County of This is to acknowledge that on this day of , 20, before me, personally came to me known to be the individual described in, and who executed, the foregoing instrument, and acknowledged that he/she executed the same as a free and voluntary act and deed for the uses and purposes therein mentioned.		
City State	Zip Code			Notary Public

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