

Application for Copy of Birth Record

PLEASE COMPLETE FORM AND ENCLOSE FEE																
<p>FEE: \$15.00 per copy or No Record Certification.</p> <p>Make money order or check payable to New York State Department of Health. Please do not send cash or stamps.</p> <p>Send to: New York State Department of Health Vital Records Section Empire State Plaza Albany, NY 12237-0223</p>																
PLEASE PRINT OR TYPE																
Name: First Middle Last	Date of Birth or Period Covered by Search:															
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: Standard Size _____ Wallet Size _____	Birth Certificate No. If Known _____ Local Registration No. If Known _____															
Purpose for which Record is Required (Check one) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Passport</td> <td><input type="checkbox"/> Working papers</td> <td><input type="checkbox"/> Welfare assistance</td> </tr> <tr> <td><input type="checkbox"/> Social Security</td> <td><input type="checkbox"/> School entrance</td> <td><input type="checkbox"/> Veteran's benefits</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td><input type="checkbox"/> Driver's license</td> <td><input type="checkbox"/> Court proceeding</td> </tr> <tr> <td><input type="checkbox"/> Employment</td> <td><input type="checkbox"/> Marriage license</td> <td><input type="checkbox"/> Entrance into Armed Forces</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other (specify) _____</td> </tr> </table>		<input type="checkbox"/> Passport	<input type="checkbox"/> Working papers	<input type="checkbox"/> Welfare assistance	<input type="checkbox"/> Social Security	<input type="checkbox"/> School entrance	<input type="checkbox"/> Veteran's benefits	<input type="checkbox"/> Retirement	<input type="checkbox"/> Driver's license	<input type="checkbox"/> Court proceeding	<input type="checkbox"/> Employment	<input type="checkbox"/> Marriage license	<input type="checkbox"/> Entrance into Armed Forces	<input type="checkbox"/> Other (specify) _____		
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What is your relationship to person whose record is required? If self, state "self".	If attorney, given name and relationship of your client to person whose record is required.															
This office requires written authorization of the person/parents whose record is requested before processing.																
Signature of Applicant:	Date (mm/dd/yy):															
Address of Applicant: _____ (street) _____ (city) (state) (zip)	Please print name and address where record should be sent: _____ (name) _____ (street) _____ (city) (state) (zip)															