## NEW YORK STATE DEPARTMENT OF HEALTH Vital Records Section

## Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION				
First Middle Last Name Hospital (If not hospital, give street & number)		Date of Birth M M D D Y Y Y Y (Village, Town or City) County		
Place of Birth		(village, 1	own or City)	County
First Middle Father	Last	Maiden Na of Mother	ame First M	iddle Last
Number of Copies Requested Enter Birth No if Known		<ul> <li>Enter Local Registration</li> <li>No. if Known</li> </ul>		
Purpose for Which       Passport       Working Papers       Welfare Assistance         Purpose for Which       Social Security-Retirement       School Entrance       Veteran's Benefits         Social Security-SSI       Driver's License       Court Proceeding         Retirement       Marriage License       Entrance into Armed         Employment       Other (Specify)       Other (Specify)				Veteran's Benefits Court Proceeding Entrance into Armed
APPLICANT INFORMATION				
NAME FIRST MIDDLE What is your relationship to pers record is required? Self Parent Other, specify	If attorney, give name and relationship of your client to person whose record is required			
Telephone No.		(name of	client)	(relationship)
		FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form) TYPE OF ID Driver's License State No		
Address of Applicant			Other ID, spec	
Street City State Zip Code			No	

## 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