

**NEW YORK STATE DEPARTMENT OF HEALTH
VITAL RECORDS SECTION**

**Application to Local Registrar
for Copy of Birth Record**

Fee: ~~Albany County - \$30.00~~ / **Other Districts - \$10.00 per certified copy or No Record Certification**

Identification Requirements: Application *must* be submitted with copies of either A or B.
(Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.)
A. One (1) of the following forms of valid photo-ID: **-OR-** B. Two (2) of the following showing the applicant's name and address:

- Driver license
- Non-driver photo-ID card
- Passport
- Employment ID
- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

Name: (as listed on birth certificate) **Date of Birth:**

First
Middle
Last
(mm / dd / yyyy)

Town, city or village where birth occurred: Name of hospital where birth occurred: (If known)

GOUVERNEUR
GOUVERNEUR

Maiden Name of Mother: (as listed on birth certificate) **Local Registration No.:**
(If known)

First
Middle
Maiden Last
UNKNOWN

Father: (as listed on birth certificate) **Number of Copies Requested:**

First
Middle
Last

Purpose for which Record is Required: (Check one)

<input type="checkbox"/> Passport	<input type="checkbox"/> Employment	<input type="checkbox"/> Driver license	<input type="checkbox"/> Veteran's benefits
<input type="checkbox"/> Social Security	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Marriage license	<input type="checkbox"/> Court proceeding
<input type="checkbox"/> Retirement	<input type="checkbox"/> School entrance	<input type="checkbox"/> Welfare assistance	<input type="checkbox"/> Entrance into Armed Forces
<input type="checkbox"/> Other (specify) _____			

If request is not from child/parents named on the requested certificate, notarized authorization is required.

What is your relationship to person whose record is required? (If self, state "SELF".)	If attorney, give name and relationship of your client to person whose record is required:

Signature of Applicant: Address of Applicant: _____ (<i>Applicant's Name</i>) _____ (<i>Street</i>) _____ (<i>City</i>) (<i>State</i>) (<i>Zip</i>) Telephone No.: () _____	Date Signed: Month Day Year _____	<p style="text-align: center;">FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)</p> Type of ID: <input type="checkbox"/> Driver License Issuing state: _____ Expiration date: _____ Number: _____ <input type="checkbox"/> Other ID, Specify Number: _____ Type: _____ Number: _____ Type: _____
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