

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

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

Fee: ~~Monroe County - \$20.00~~ / 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: <i>(as listed on birth certificate)</i>			Date of Birth:
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>(mm / dd / yyyy)</i>

Town, city or village where birth occurred: <p style="text-align: center;">GOUVERNEUR</p>	Name of hospital where birth occurred: <i>(If known)</i> <p style="text-align: center;">GOUVERNEUR</p>
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Maiden Name of Mother: <i>(as listed on birth certificate)</i>	Local Registration No.: <i>(If known)</i>
<i>First</i> <i>Middle</i> <i>Maiden Last</i>	UNKNOWN

Father: <i>(as listed on birth certificate)</i>	Number of Copies Requested:
<i>First</i> <i>Middle</i> <i>Last</i>	

Purpose for which Record is Required: <i>(Check one)</i>	<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 <i>(specify)</i> _____			

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