New York State Department of Health Vital Records Section

Application to Local Registrar for Copy of Birth Record (Submit to Town Clerk)

Certificate Information				
First Middle	Last	Date of Birth		
			M M D I	O Y Y Y Y
Name		(Village Town on City) County		
Hospital(if not hospital, give street & number) Place of		(Village, Town or City) County		
Birth				
First Middle	Last First Middle Last			
3.22.2				
Father		Maiden Name Of Mother		
Number of Copies	Enter Birth N	No. if Known		
Requested			if Known	
Purpose for Which Record is Required (Check One)				
☐ Passport☐ Social Security-Retirement☐	☐ Working Papers ☐ School Entrance		☐ Welfare Assistance☐ Veteran's Benefits	
☐ Social Security-SSI	☐ Driver's License		☐ Court Proceeding	
Retirement	☐ Marriage License		☐ Entrance in	to Armed Forces
☐ Employment☐ Other				
(Specify)	,			
Applicant Information				
First Middle	Last	In attorney, give name and relationship of		
N.T.		-	o person who	se record is
Name What is your relationship to person whose		required		
record is required?				
□ Self □ Parent □ Other, specify		(Name of Client) (Relationship)		
Telephone #()				
Social Security #	_ -			
Signature of Applicant		For Registrar's Use Only (Photocopy ID and attach to application form) Type OF ID		
Date		□ Driver's License		
		State No		
Address of Applicant		☐ Other ID, specify		
Stroot				
Street		Mo		
City State	Zip Code	INC)	

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