NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

# Application to Local Registrar for Copy of Birth Record

## Fee: County Districts - $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-**

- Driver license
- Non-driver photo-ID card
- Passport
- U.S. military issued photo-ID

B. Two (2) of the following showing the applicant's name and address:

- 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)* |
|---|---|

| Maiden Name of Mother: *(as listed on birth certificate)* | | | Local Registration No.: *(If known)* |
|---|---|---|---|
| *First* | *Middle* | *Maiden Last* | |

| Father: *(as listed on birth certificate)* | | | Number of Copies Requested: |
|---|---|---|---|
| *First* | *Middle* | *Last* | |

Purpose for which Record is Required: *(Check one)*

- ☐ Passport
- ☐ Social Security
- ☐ Retirement
- ☐ Employment
- ☐ Working Papers
- ☐ School entrance
- ☐ Driver license
- ☐ Marriage license
- ☐ Welfare assistance
- ☐ Veteran's benefits
- ☐ Court proceeding
- ☐ Entrance into Armed Forces
- ☐ 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:

➤

Date Signed:
Month    Day    Year

Address of Applicant:

_____
*(Applicant's Name)*

_____
*(Street)*

_____
*(City)*     *(State)*     *(Zip)*

Telephone No.:  (      ) _____

**FOR REGISTRAR'S USE ONLY**
*(Photocopy ID and attach to application form)*

Type of ID:

☐ Driver License

Issuing state: _____

Expiration date: _____

Number: _____

☐ Other ID, Specify

Number: _____

Type: _____

Number: _____

Type: _____

DOH-296A (06/2005)

**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**