NEW YORK STATE DEPARTMENT OF HEALTH Vital Records Section

## Application to Local Registrar for Copy of Birth Record

	1	CERTIFICATE	INFORMATION
First	Middle	Last	Date of Birth M M D D Y Y Y Y
Place of Birth	not hospital, give	street & number)	(Village, Town or City) County
First Father	Middle	Last	Maiden Name First Middle Last of Mother
Number of Copies Requested Enter Birth No if Known			o. Enter Local Registration No. if Known
Passport Working Papers Welfare Assistance  Social Security-Retirement School Entrance Veteran's Benefits  Purpose for Which Record is Required (Check One)  Retirement Marriage License Entrance into Armed Forces  Other (Specify)			
APPLICANT INI  NAME  FIRST MIDDLE LAST  What is your relationship to person whose record is required?			IFORMATION  If attorney, give name and relationship of your client to person whose record is required
Self Parent Other, specify			(name of client) (relationship)
Social Security No Date  Signature of Applicant			FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)  TYPE OF ID Driver's License
Address of Applicant		MM DD YY	State No Other ID, specify
Street	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