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			
NT					M M D D	Y Y Y Y	
Name				(Villago Town or City) County			
Hospital(if not hospital, give street & number) Place of				(Village, Town or City) County			
Birth							
First Middle Last			Last	First Middle Last			
Father				Maiden Name Of Mother			
Number of Copies			Enter Birth No. if Known		Enter Local Registration No.		
Requested				if Known			
Purpose for Which Record is Required (Check One) □ Passport □ Working Papers □ Welfare Assistance							
				□ School Entrance		□ Veteran's Benefits	
□ Social Security-SSI			Driver's License		□ Court Proceeding		
			□ Marriage Lice	□ Marriage License		□ Entrance into Armed Forces	
 Employment Other 							
(Specify)							
Applicant Information							
	First Middle Last			In attorney, give name and relationship of			
				your client to person whose record is			
Name		1	1	required			
What is your relationship to person whose record is required?							
\Box Self \Box Parent \Box Other, specify_			ecify	(Name of Client)		(Relationship)	
Telephone #()							
Social Security #							
Signature of Applicant				For Registrar's Use Only			
				(Photocopy ID and attach to application form)			
Date				Type OF ID Driver's License			
				State No			
Address of Applicant							
				□ Other ID, specify			
Street							
City State Zip Code				No			
		State					