

**Required ID must be included with application. Make check or money order payable to New York State Department of Health.**

**For regular handling:** Enclose \$30 per copy or No Record Certification.  
Send to:

New York State Department of Health  
Vital Records Section / Certification Unit  
P.O. Box 2602  
Albany, NY 12220-2602

**For priority handling:** Enclose \$45 per copy or No Record Certification.  
Submission by overnight carrier is recommended. Send to:

New York State Department of Health  
Vital Records Section / Certification Unit  
800 North Pearl Street - 2nd Floor  
Menands, NY 12204

Name: (as listed on birth certificate)

First

Middle

Last

Date of Birth:

(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)

First

Middle

Maiden Last

Birth Certificate No.:  
(If known)

Local Registration No.:  
(If known)

Father: (as listed on birth certificate)

First

Middle

Last

Number of Copies Requested:

Standard Size:

Wallet Size:

Purpose for which  
Record is Required:  
(Check one)

- Passport  
 Social Security  
 Retirement  
 Other (specify)

- Employment  
 Working Papers  
 School entrance

- Drivers license  
 Marriage license  
 Welfare assistance

- Veteran's benefits  
 Court proceeding  
 Entrance into  
Armed Forces

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:

**This office requires written authorization of the person/parents whose record is requested.**

Signature of Applicant:

Date Signed:  
Month Day Year

Regular Handling  \$30.00 x

(Check Only One) OR

Priority Handling  \$45.00 x \_\_\_\_\_ Copies = \$ \_\_\_\_\_

Address of Applicant:

(Applicant's Name)

(Street)

(City)

(State)

(Zip)

Telephone No.: ( )

Please print or type the name and address where record  
should be sent: (If delivery is to a P.O. Box or third party, you must submit  
with this application a **notarized** statement signed by the applicant and a copy of  
the applicant's drivers license.)

(Name)

(Street)

(City)

(State)

(Zip)