New York State Department of Health Vital Records Section

Fee: \$10 per copy	
Identification Requirements: Application <i>must</i> be submitted with copies of either A <i>or</i> 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- B. Two (2) of the following showing the applicant's name	
Driver license	and address:
Non-driver photo-ID card	Utility or telephone bills
Passport Employment ID	 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 Passport Employm Record is Required: Social Security Working (Check one) Retirement School e	Papers Marriage license Court proceeding
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 attorney, give name and relationship of your client to person whose record is required: record is required? (If self, state "SELF".)	
Signature of Applicant: Date Signed: <u>Month</u> Day Year	
	(Photocopy ID and attach to application form) Type of ID:
Last 4 Digits of Credit Card:	Driver License
Address of Applicant:	Issuing state:
	Expiration date:
(Applicant's Name)	_ Number:
	Other ID, Specify
(Street)	Number:
(City) (State) (Zip)	Туре:
	Number:
Telephone No.: ()	Туре: