## NEW YORK STATE DEPARTMENT OF HEALTH VITAL RECORDS SECTION

Fee: Monroe County - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification		
Identification Requirements: Application <i>must</i> 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- B. Two (2) of the following showing the applicant's name		
<ul> <li>Driver license</li> <li>Non-driver photo-ID card</li> <li>Passport</li> <li>Employment ID</li> <li>Utility or telephone bills</li> <li>Letter from a government agency dated within the last six (6) months</li> </ul>		
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       Employme         Record is Required:       Social Security       Working Passport         (Check one)       Retirement       School ent         Other (specify)       Other (specify)	apers 📃 Marriage license	<ul> <li>Veteran's benefits</li> <li>Court proceeding</li> <li>Entrance into</li> <li>Armed Forces</li> </ul>
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;         record is required? (If self, state "SELF".)		
Signature of Applicant: Date Signed: Month Day Year	FOR REGISTRAR'S U (Photocopy ID and attach to app Type of ID:	
~	Driver License	
Address of Applicant:	Issuing state:	
	Expiration date:	
(Applicant's Name)	Number:	
	Other ID, Specify	
(Street)	Number:	
	Туре:	
(City) (State) (Zip)	Number:	
Telephone No.: ( )	Туре:	

DOH-296A (06/2005)