## 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 must 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 and address:	
<ul> <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       Employn         Record is Required:       Social Security       Working         (Check one)       Retirement       School e         Other (specify)	Papers
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: <u>Month</u> Day Year	FOR REGISTRAR'S USE ONLY
	(Photocopy ID and attach to application form) Type of ID:
	Driver License
Address of Applicant:	Issuing state:
	Expiration date:
(Applicant's Name)	_ Number:
	Other ID, Specify
(Street)	
	Туре:
(City) (State) (Zip)	Number:
Telephone No.: ( )	Туре: