

**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)			Date of Birth:
[Redacted]	[Redacted]	[Redacted]	[Redacted]
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>(mm / dd / yyyy)</i>

Town, city or village where birth occurred:	Name of hospital where birth occurred: (If known)
[Redacted]	[Redacted]

Maiden Name of Mother: (as listed on birth certificate)	Birth Certificate No.: <i>(If known)</i>
[Redacted]	[Redacted]
<i>First</i> <i>Middle</i> <i>Maiden Last</i>	Local Registration No.: <i>(If known)</i>
	[Redacted]

Father: (as listed on birth certificate)	Number of Copies Requested:
[Redacted]	Standard Size: [Redacted]      Wallet Size: [Redacted]
<i>First</i> <i>Middle</i> <i>Last</i>	

Purpose for which Record is Required: (Check one)

<input type="checkbox"/> Passport	<input type="checkbox"/> Employment	<input type="checkbox"/> Drivers license	<input type="checkbox"/> Veteran's benefits
<input type="checkbox"/> Social Security	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Marriage license	<input type="checkbox"/> Court proceeding
<input type="checkbox"/> Retirement	<input type="checkbox"/> School entrance	<input type="checkbox"/> Welfare assistance	<input type="checkbox"/> Entrance into Armed Forces
<input type="checkbox"/> Other (specify)	[Redacted]		

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:
[Redacted]	[Redacted]

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

Signature of Applicant:	Date Signed:	Regular Handling <input type="checkbox"/> \$30.00 x
	Month      Day      Year	<i>(Check Only One)</i> OR
		Priority Handling <input type="checkbox"/> \$45.00 x _____ Copies = \$ _____

Address of Applicant:	Please print or type the name and address where record should be sent: <i>(If delivery is to a P.O. Box or third party, you must submit with this application a <b>notarized</b> statement signed by the applicant and a copy of the applicant's drivers license.)</i>
[Redacted] <i>(Applicant's Name)</i>	[Redacted] <i>(Name)</i>
[Redacted] <i>(Street)</i>	[Redacted] <i>(Street)</i>
[Redacted]      [Redacted]      [Redacted] <i>(City)</i> <i>(State)</i> <i>(Zip)</i>	[Redacted]      [Redacted]      [Redacted] <i>(City)</i> <i>(State)</i> <i>(Zip)</i>
Telephone No.: (      )      [Redacted]	

**Information Page — Mail-in Application for Copy of Birth Certificate**

**General Instructions**

- **Do not** use this application to submit your request *by fax*.
- Use this application only if you are the person named on the birth certificate or that person's parents.
- Use this application only if the birth occurred in New York State *outside* of New York City. **Do not** use this application if the birth occurred in any of the five (5) boroughs of New York City.
- **Do not** use this application for *genealogy requests*.
- Print a copy of this application, complete and sign.
- **Mail** application along with check or money order and a copy of the required documentation (see below).

For regular handling send by first class mail, registered mail, certified mail or U.S. Priority Mail to:

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

For priority handling (add \$15.00 per copy ordered), submission by overnight carrier is recommended. Send to:

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

**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:
- Driver license
  - Non-driver license
  - Passport
  - Other government issued photo-ID
- B. Two (2) of the following showing the applicant's name and address:
- Utility bill or telephone bill
  - Letter from a government agency dated within the last six (6) months

**Fees:** If no record is on file, a **No Record Certification** is issued and the fee is **not** refunded.

- **For regular handling:** The fee is \$30.00 per copy. — Total for one (1) copy is \$30.00. Total for two (2) copies is \$60.00, etc.
- **For priority handling:** The fee is \$30.00 + \$15.00 per copy. — Total for one (1) copy is \$45.00. Total for two (2) copies is \$90.00, etc. Submitting the application by overnight carrier is recommended. Completed requests will be returned by first class mail unless a **pre-paid** return mailer for overnight delivery is provided with the request.
- Send check or money order payable to the New York State Department of Health. **Do not send cash.**

**Note:** Payment submitted from foreign countries must be made by a check drawn on a United States bank or by international money order. **Do not send cash.**

**Processing Time**

- For the latest information on processing times, please visit our web page at [www.nyhealth.gov/vital\\_records/processingtime.htm](http://www.nyhealth.gov/vital_records/processingtime.htm)
- For faster processing, you may wish to use your credit card and submit your request by e-mail, fax, or telephone.

**Completing the Form**

- If you are using Adobe Reader® 5.0 or newer (available as a free download from [www.adobe.com](http://www.adobe.com)) you can fill in the form directly in Adobe Reader by clicking on the appropriate space and entering the information (use the TAB key to move to the next field, shift-TAB to move backwards). Print the completed form, sign and mail to the above address.
- You can print out a blank copy of the form and then type or print the required information.
- Be sure to sign the form before mailing and include a check or money order made payable to the New York State Department of Health along with copies of the required identification.