NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Application to Local Registrar For Copy of Birth Record

Name (First / Middle / Last)		Date of Birth __ __ __ __ __ __ __ __ (M M D D Y Y Y Y)	
Pace of Birth (Hospital (if not hospital, give street & number))		Village, Town or City	County
Father's Name (First / Middle / Last)		Mother's Maiden Name (First / Middle / Last)	
Number of Copies Requested	Enter Birth No. if Known	Enter Local Registration No. if Known	

Purpose for which Record is Required (Check One)	__ Passport __ Social Security-Retirement __ Social Security SSI __ Retirement __ Employment	__ Working Papers __ School Entrance __ Driver's License __ Marriage License	__ Welfare Assistance __ Veteran's Benefits __ Court Proceeding __ Entrance into Armed Forces
	__ Other (specify) _____		

Name (First / Middle / Last)	If attorney, give name and relationship of your client to person whose record is required _____ Name of Client _____ Relationship
What is your relationship to person whose record is required? __ Self __ Parent __ Other, specify _____ Telephone No. (__ __ __) __ __ __ - __ __ __ __ Social Security No. __ __ __ - __ __ - __ __ __ __	**FOR REGISTRAR'S USE ONLY** TYPE OF ID (Photocopy ID and attach to application form) ___ Driver's License State ____ No. _____ ___ Other ID, specify _____ No. _____
Signature of Applicant / Date __ __ __ __ __ __ (M M D D Y Y)	
Address of Applicant _____ Street _____ City State Zip Code	

TYPES OF ACCEPTABLE IDENTIFICATION

1. Driver's license
2. Non-driver's license
3. Passport
4. Naturalization Papers
5. Military ID
6. Employer's Photo ID
7. Two utility bills, showing applicant's name and address
8. Police report of lost or stolen ID

DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED

DOH-296A (11/94)