NEW YORK STATE DEPARTMENT OF HEALTH Vital Records Section

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION			
First Middle BIRTH Name	Last	Date of Birth M M D D Y Y Y Y	
Hospital (If not hospital, give street & number) Place of Birth		(Village, Town or City) County	
First Middle Father	Last	Maiden Name First Middle of Mother	Last
Number of Copies Requested Enter Birth No. if Known		Enter Local Registration No. if Known	ă
Purpose for Which Record is Required (Check One)	Passport Social Security-Reti Social Security-SSI Retirement Employment Other (Specify)	Working Papers Welfare Assistence School Entrance Veteran's Bell Court Procee Marriage License Entrance into Forces	nefits ding
APPLICANT INF NAME FIRST MIDDLE LAST What is your relationship to person whose record is required? Self Parent Other, specify		FORMATION If attorney, give name and relationship of your client to person whose record is required	
Telephone No. () - -		(name of client) (relationship) FOR REGISTRAR'S USE ONLY	
Signature of Applicant Date MM DD YY		(Photocopy ID and attach to application form) TYPE OF ID Driver's License State No	
Address of Applicant		Other ID, specify	
Street City State Zip Code		No.	

FEE: \$10.00 per copy (MONEY ORDER ONLY) made out to:

"North Tonawanda City Clerk"

TYPES OF ACCEPTABLE IDENTIFICATION

- 1. Driver's license Please include photo-copy of current 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

MAIL TO:

REGISTRAR OF VITAL STATISTICS

City Hall - Clerks Office North Tonawanda, New York 14120