

OFFICE OF VITAL RECORDS
125 Worth Street, CN 4, Room 133
New York, N.Y. 10013-4090

SEE IDENTIFICATION REQUIREMENTS ON REVERSE

APPLICATION FOR A BIRTH RECORD

(Print All Items Clearly)

1. LAST NAME ON BIRTH RECORD		2. FIRST NAME		3. <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE			
4. DATE OF BIRTH Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		5. PLACE OF BIRTH (NAME OF HOSPITAL, OR IF AT HOME, NO. AND STREET)		6. BOROUGH OF BIRTH			
7. MOTHER'S MAIDEN NAME (NAME BEFORE MARRIAGE) FIRST LAST			8. CERTIFICATE NUMBER (IF KNOWN)				
9. FATHER'S NAME FIRST LAST			<i>(FOR OFFICE USE ONLY)</i>				
10. NO. OF COPIES	11. YOUR RELATIONSHIP TO PERSON NAMED ON BIRTH RECORD IF SELF, STATE "SELF"						
12. FOR WHAT PURPOSE ARE YOU GOING TO USE THIS BIRTH RECORD							
<p>NOTE: Copy of a birth record can be issued only to persons to whom the record of birth relates, if of age, or a parent or other lawful representative. IF THIS REQUEST IS NOT FOR YOUR OWN BIRTH RECORD OR THAT OF YOUR CHILD, NOTARIZED AUTHORIZATION FROM THE PARENT OR THE PERSON NAMED ON THE CERTIFICATE MUST BE PRESENTED WITH THIS APPLICATION.</p> <p>Section 3.19, New York City Health Code provides, in part: ". . .no person shall make a false, untrue or misleading statement or forge the signature of another on a certificate, application, registration, report or other document required to be prepared pursuant to this Code." Section 558 (e) of the New York City Charter provides that any violation of the Health Code shall be treated and punished as a misdemeanor.</p>							

SIGN / PRINT YOUR NAME AND RECORD YOUR ADDRESS BELOW

SIGNATURE		PRINT NAME			
STREET ADDRESS					APT. NO.
CITY		STATE		ZIP CODE	
DAYTIME TELEPHONE NUMBER	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	—	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Area Code			Telephone Number	

NOTE: PLEASE ATTACH A STAMPED, SELF-ADDRESSED ENVELOPE

FEEES

SEARCH FOR TWO CONSECUTIVE YEARS AND ONE COPY, OR A CERTIFIED "NOT FOUND STATEMENT"	\$15.00
EACH ADDITIONAL COPY REQUESTED	\$15.00
EACH EXTRA YEAR SEARCHED (WITH THIS APPLICATION)	\$ 3.00
<p>1. Make check or money order payable to: N.Y.C. Department of Health and Mental Hygiene. CASH NOT ACCEPTED BY MAIL.</p> <p>2. If from a foreign country, send an international money order or check drawn on a U.S. Bank.</p>	

Birth Certificate Identification Requirements

Valid Photo-Identification Defined: Identification (ID) with a photograph of the bearer that has the signature of the bearer. ID must be issued by an officially recognized organization or agency and includes the following types of ID: Driver's License, Employment ID, Government ID, Social Services ID, and a Passport.

	For Yourself or Your Child:	Someone other than Self/Child:
Walk-in Customers	<ul style="list-style-type: none"> ▶ Valid photo-ID, OR ▶ Inmate photo-ID with Release Papers, OR ▶ Two of the following showing your name and address: Utility/Telephone Bills Letter from Government Agency <p>WITHOUT VALID PHOTO-ID, CERTIFICATE WILL BE MAILED</p>	<ul style="list-style-type: none"> ▶ Your valid photo-ID, AND ▶ Other person's valid photo-ID, AND ▶ An original, notarized letter from the person authorizing his or her certificate's release to you.
Mail-in Requests	<ul style="list-style-type: none"> ▶ Copy of valid photo-ID, OR ▶ Two of the following showing your name and address: Utility/Telephone Bills Letter from Government Agency 	<ul style="list-style-type: none"> ▶ A copy of your valid photo-ID, AND ▶ A copy of the other persons photo-ID, AND ▶ An original, notarized letter from the person authorizing their certificate's release to you.
Credit Card Orders By telephone including form filler automated service For yourself or your child only	<ul style="list-style-type: none"> ▶ Valid Credit Card ▶ Identification verified by Health Department computer system 	<p style="text-align: center; font-weight: bold; font-size: 1.2em;"><i>Save Time!</i></p> <p>WEB SITE: www.nyc.gov</p> <p>MAIL YOUR APPLICATION TO: NYC Department of Health and Mental Hygiene Office of Vital Records 125 Worth St., CN 4, Rm. 133 New York, N.Y. 10013-4090 OR</p> <p>FAX TO (FOR CREDIT CARD ORDERING ONLY): 1 (212) 962-6105 if calling from 5 boros, NYC OR 1 (800) 908-9146 if calling from outside NYC</p> <p>PHONE: 1 (212) 788-4520 for Credit Card Service OR</p> <p>WALK-IN: When the lines are shortest from 9–10 AM or 3–4:30 PM</p> <p style="text-align: center;">The following fees apply: Certificates – \$15.00 Credit Card Handling – \$5.50 Express Mailing Service for Credit Card Orders – \$12.50</p>
Faxed Requests For yourself or your child only	<ul style="list-style-type: none"> ▶ Valid Credit Card verified by Health Department computer system 	

Requirements for those with exceptional situations who are unable to meet Birth Identification Criteria: Issuance criteria for yourself and your child **ONLY**

Without valid Photo-ID, your certificate will be mailed to you

Official Agency Letter Defined: Without valid, signed photo-identification you must obtain a letter from an official agency such as the police department or a social services office on their letterhead, which confirms your exceptional situation. Additional criteria are described below.

Walk-in Customers Mail-in Requests Faxed Requests	<ul style="list-style-type: none"> ▶ Official Agency Letter, AND ▶ One of the following showing your name and address: A Utility Bill, a Telephone Bill, or a Letter from a Government Agency, i.e., A Social Security award letter, OR ▶ A notarized letter from your landlord that verifies your name and residence, WITH a Telephone or Utility Bill showing the Landlord's name and address.
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