

## Mail-in Application for Copy of Birth Certificate

### Instructions

- Complete a separate application for each record requested.
- Use this application to mail your request.
- Use this application if you are the person named on the birth certificate or if you are that person's parent.
- Use this application 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 5 boroughs of *New York City or Long Island Jewish Medical Center*.  
For NYC birth call 212-639-6375 or visit <http://www.nyc.gov/vitalrecords/>
- **Do not** use this application for genealogy requests.  
For genealogy requests: [https://www.health.ny.gov/vital\\_records/genealogy.htm](https://www.health.ny.gov/vital_records/genealogy.htm).

### Enclose These Documents and Payment With Your Application

**Required Identification.** You must send your application with copies of documents from List A or List B.

**Note:** You need to include a copy of your passport if the request is made from a foreign country that requires a U.S. Passport for travel.

#### List A

Send a copy of 1 of the documents listed below. The document must include your photo and signature. It must also be current (not expired):

- Driver license
- Non-driver ID Card
- Passport
- Other government issued photo-ID

#### List B

If you do not have one of the documents in List A, send copies of 2 documents from List B. Each document should show your name and address.

- Utility bill
- Telephone bill
- Letter from a government agency dated within the last 6 months

**Fees:** If no birth record is on file, you will receive a document stating this. The document is called a No Record Certification.  
Your application fee will not be refunded.

- The total fee for one copy is \$30. Total for 2 copies is \$60., etc.
- 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 U.S. bank or by international money order. **Do not send cash.**

### How to Mail the Application

- **Mail** application along with check or money order and a copy of the required documentation (see below).

Send by first class mail, registered mail, certified mail or U.S. Priority Mail to:

New York State Department of Health  
Bureau of Vital Records Certification Unit  
PO Box 2602  
Albany, NY 12220-2602

- 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.

# Mail-in Application for Copy of Birth Certificate

**Do not use this application if the birth occurred within the five boroughs of New York City.**

Required ID documents must be sent with this application. Also enclose a check or money order payable to the New York State Department of Health. Include notarized statement (if required). Be sure to sign the form.

Certified copy processing: Enclose \$30 per copy. If no record is found, your fee will not be refunded. Send to: New York State Department of Health Bureau of Vital Records Certification Unit PO Box 2602 Albany, NY 12220-2602	
Name: (as listed on birth certificate) First _____ Middle _____ Last _____	Date of Birth: mm / dd /yyyy
Town, City or Village Where Birth Occurred: _____	Birth Certificate Number: (If known) _____
Name of Hospital Where Birth Occurred: (If known) _____	Local Registration Number: (If known) _____
Birth/Pre-marriage Name of Mother/Parent: (As listed on Birth Certificate) First _____ Middle _____ Last _____	
Father/Parent: (As listed on Birth Certificate) First _____ Middle _____ Last _____	
Reason for Requesting the Record: (Check one) <input type="checkbox"/> Passport <input type="checkbox"/> Employment <input type="checkbox"/> Driver's License <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Other (specify) _____ <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"/> Copy of Certificate of Birth Data for Foreign-born, Adopted Child. Specify Country: _____ Certificate "A" Number (If known) _____	
What is your relationship to person whose record is required? (If self, state "Self".) _____	
If you are an attorney, give name and relationship of your client to person whose record is required: _____	
<b>The person/parent requesting information MUST complete and sign the box below.</b>	
<b>Applicant</b>  Name Print _____  Signature _____  Address Street _____  City _____ State _____ Zip _____  Telephone Number: (    ) _____	Certified Copy: \$30.00 x _____ Copies = \$ _____  <b>Name and address where record should be sent.</b> (If delivery is to a P.O. Box, or to a third party, you must enclose: a notarized statement signed by the applicant AND a copy of the applicant's driver's license.)  Name Print _____  Address Street _____  City _____ State _____ Zip _____