



Office of Vital Records
 125 Worth Street, CN-4, Room 133
 New York, N.Y. 10013-4090

SEE INSTRUCTIONS AND APPLICABLE FEES BELOW

DO NOT WRITE
IN THIS SPACE

OFFICE USE ONLY

BIRTH CERTIFICATE APPLICATION

(Please Print Clearly)

1. LAST NAME ON BIRTH CERTIFICATE		2. FIRST NAME		3. <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE					
4a. IF YOU KNOW THE EXACT DATE OF BIRTH		4b. IF YOU DON'T KNOW THE EXACT DATE OF BIRTH		SEE BELOW FOR FEE INFORMATION					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; text-align: center;">MM</td> <td style="width: 25%; border: 1px solid black; text-align: center;">DD</td> <td style="width: 50%; border: 1px solid black; text-align: center;">YYYY</td> </tr> </table>		MM	DD			YYYY	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; text-align: center;">MM</td> <td style="width: 25%; border: 1px solid black; text-align: center;">DD</td> <td style="width: 50%; border: 1px solid black; text-align: center;">YYYY</td> </tr> </table>		MM
MM	DD	YYYY							
MM	DD	YYYY							
5. NAME OF HOSPITAL OR ADDRESS WHERE BORN				6. BOROUGH WHERE BORN					
7. MOTHER/PARENT'S NAME BEFORE MARRIAGE:			8. BIRTH CERTIFICATE NUMBER (if known)						
FIRST _____ LAST _____									
9. FATHER/PARENT'S NAME			10. WHY DO YOU NEED THIS BIRTH CERTIFICATE						
FIRST _____ LAST _____									
11. DO YOU NEED A LETTER OF EXEMPLIFICATION?		12. HOW MANY COPIES DO YOU NEED?	13. HOW ARE YOU RELATED TO THE PERSON ON THIS BIRTH CERTIFICATE?						
<input type="checkbox"/> YES <input type="checkbox"/> NO		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	SELF/PARENT/OTHER (please explain)						

PLEASE PRINT YOUR MAILING AND CONTACT INFORMATION CLEARLY BELOW

NAME		DAYTIME PHONE NUMBER	
STREET ADDRESS		Area Code _____ Telephone Number _____	
CITY		E-MAIL ADDRESS	
STATE		ZIP CODE	

NOTE: Copy of a birth record can be issued only to persons to whom the record of birth relates, if of age, or to 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.

Section 3.19, NYC 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 in paper, electronic or any other form or medium, required to be submitted or filed with the Department." Violations shall be treated and punished as a misdemeanor and may also be subject to a fine of up to \$2,000 per violation.

14. CUSTOMER SIGNATURE AND DATE	15. CUSTOMER COMMENTS/ADDITIONAL INFORMATION
SIGNATURE: _____ DATE: _____	

FEES	\$15 per copy x _____ copies	\$ _____	
	Cost of certified copy includes a two consecutive year search		
	\$3 for each additional year searched x _____ years	\$ _____	
	Total Amount Enclosed:	\$ _____	

IF RECORD IS NOT ON FILE, A CERTIFIED "NOT FOUND STATEMENT" WILL BE ISSUED.

Credit cards are not accepted for mail-in orders. Please make your check or money order payable to the NYC Department of Health and Mental Hygiene. If from a foreign country, send an international money order or check drawn on a U.S. bank. Please do not send cash.