

# Application to Local Registrar for Copy of Birth Record

**PLEASE COMPLETE FORM AND ENCLOSE FEE**

FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps.

**PLEASE PRINT OR TYPE**

Name	First                  Middle                  Last	Date of Birth or Period Covered by Search	
Place of Birth	Hospital (If not hospital, give street & number)	(Village, town or city)	(County)
Father	First                  Middle                  Last	Maiden Name of Mother	First                  Middle                  Last
Number of Copies Desired	Enter Birth No. if Known	Enter Local Registration No. if known	

Purpose for Which Record is Required Check One

<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance
<input type="checkbox"/> Social Security	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits
<input type="checkbox"/> Retirement	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding
<input type="checkbox"/> Employment	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance Into Armed Forces
<input type="checkbox"/> Other (specify) _____		

What is your relationship to person whose record is required? If self, state "self"  _____ _____	If attorney, give name and relationship of your client to person whose record is required  _____ _____
---	---

**This office requires written authorization of the person/parents whose record is requested before a search is processed**

Signature of Applicant	Date
Address of Applicant	Please print name and address where record should be sent.

**NEW YORK STATE DEPARTMENT OF HEALTH  
VITAL RECORDS SECTION**

**Application to Local Registrar  
for Copy of Death Record**

**Fee: Monroe County - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification**

**Identification Requirements:** Application *must* be submitted with copies of either A or B.  
(Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.)

- A. One (1) of the following forms of valid photo-ID: **-OR-** B. Two (2) of the following showing the applicant's name and address:
- Driver license
  - Non-driver photo-ID card
  - Passport
  - Employment ID
  - Utility or telephone bills
  - Letter from a government agency dated within the last six (6) months

Name of Deceased:	Social Security No. of Deceased:
<div style="display: flex; justify-content: space-between;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>	

Date of Death or Period to be Covered by Search: (mm/dd/yyyy)	Date of Birth of Deceased:	Age at Death:
<div style="display: flex; justify-content: space-between;"> <span>From</span> <span>To</span> </div>	mm / dd / yyyy	

Maiden Name of Mother of Deceased:	Death Certificate No.: (If known)
<div style="display: flex; justify-content: space-between;"> <span>First</span> <span>Middle</span> <span>Maiden Last</span> </div>	

Name of Father of Deceased:	Local Registration No.: (If known)
<div style="display: flex; justify-content: space-between;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>	

Place of Death:
<div style="display: flex; justify-content: space-between;"> <span>Name of Hospital or Street Address</span> <span>Village, town or city</span> <span>County</span> </div>

Number of Copies Requested: (For deaths occurring as of January 1, 1988 specify with or without confidential cause of death.)		
Copies requested with confidential cause of death _____	Copies requested without confidential cause of death _____	Total number of copies requested _____

Purpose for which Record is Required:	What is your relationship to person whose record is required?
---------------------------------------	---

In what capacity are you acting?	If attorney, give name and relationship of your client to person whose record is required:
----------------------------------	--

**If you are not the parent or child of the deceased or the spouse of the deceased at the time of death, you must submit documentation of a lawful right or claim.**

Signature of Applicant:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center; padding: 2px;">Date Signed:</td> </tr> <tr> <td style="width: 33%; text-align: center; padding: 2px;">Month</td> <td style="width: 33%; text-align: center; padding: 2px;">Day</td> <td style="width: 33%; text-align: center; padding: 2px;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Date Signed:			Month	Day	Year				<p style="text-align: center;"><b>FOR REGISTRAR'S USE ONLY</b> (Photocopy ID and attach to application form)</p> <p>Type of ID:</p> <p><input type="checkbox"/> Driver License</p> <p>Issuing state: _____</p> <p>Expiration date: _____</p> <p>Number: _____</p> <p><input type="checkbox"/> Other ID, Specify</p> <p>Number: _____</p> <p>Type: _____</p> <p>Number: _____</p> <p>Type: _____</p>
Date Signed:											
Month	Day	Year									
<p>Address of Applicant:</p> <p>_____ (Applicant's Name)</p> <p>_____ (Street)</p> <p>_____ (City) (State) (Zip)</p> <p>Telephone No.: (    ) _____</p>											