

THE CITY OF NEW YORK
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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"/> <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
1. Make check or money order payable to: N.Y.C. Department of Health and Mental Hygiene. CASH NOT ACCEPTED BY MAIL. 2. If from a foreign country, send an international money order or check drawn on a U.S. Bank.	