

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 AND APPLICABLE  
 FEES BELOW**

**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	
4a. DATE OF BIRTH (IF DATE OF BIRTH IS NOT KNOWN COMPLETE SECTIONS 4a AND 4b) MM DD YYYY		4b. SEARCH END DATE (FEES APPLY. ONLY COMPLETE IF DATE OF BIRTH IS UNKNOWN) MM DD YYYY		5. PLACE OF BIRTH (NAME OF HOSPITAL, OR IF AT HOME, NO. AND STREET)	
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><b>NOTE:</b> 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, 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." Section 558 (e) of the NYC 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			
Area Code	Telephone Number	E-Mail Address	

**NOTE: PLEASE ATTACH A STAMPED, SELF-ADDRESSED ENVELOPE**

**FEES**

ONE CERTIFIED COPY (INCLUDES SEARCH OF TWO ADDITIONAL YEARS), OR A CERTIFIED "NOT FOUND STATEMENT" .....	\$15.00
EACH ADDITIONAL COPY REQUESTED .....	\$15.00
SEARCH FOR EACH ADDITIONAL YEAR (WITH THIS APPLICATION) .....	\$ 3.00
1. Make check or money order payable to: N.Y.C. Department of Health and Mental Hygiene. <b>CASH NOT ACCEPTED BY MAIL.</b> 2. If from a foreign country, send an international money order or check drawn on a U.S. Bank. 3. Refunds for over payments are made upon request.	

# Birth Certificate Identification Requirements

Valid Photo-Identification Defined: Identification (ID) that has not expired 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:
<b>Walk-in Customers</b>	<ul style="list-style-type: none"> <li>▶ Valid photo-ID, <b>OR</b></li> <li>▶ Inmate photo-ID with Release Papers, <b>OR</b></li> <li>▶ Two of the following showing your name and address: Recent Utility/Telephone Bills Recent Letter from Government Agency <b>WITHOUT VALID PHOTO-ID, CERTIFICATE WILL BE MAILED</b></li> </ul>	<ul style="list-style-type: none"> <li>▶ Your valid photo-ID, <b>AND</b></li> <li>▶ Other person's valid photo-ID, <b>AND</b></li> <li>▶ An original, notarized letter (see details below) from the person authorizing his or her certificate's release to you</li> <li>▶ Only one certificate will be issued</li> </ul>
<b>Mail-in Requests</b>	<ul style="list-style-type: none"> <li>▶ Copy of valid photo-ID, <b>OR</b></li> <li>▶ Two of the following showing your name and address: Recent Utility/Telephone Bills Recent Letter from Government Agency</li> </ul>	<ul style="list-style-type: none"> <li>▶ A copy of your valid photo-ID, <b>AND</b></li> <li>▶ A copy of the other persons photo-ID, <b>AND</b></li> <li>▶ An original, notarized letter (see details below) from the person authorizing their certificate's release to you</li> </ul>
<b>Credit Card Orders</b> By telephone including form filler automated service <b>For yourself or your child only</b>	<ul style="list-style-type: none"> <li>▶ Valid Credit Card</li> <li>▶ Identification verified by Health Department computer system</li> </ul>	<p style="text-align: center;"><b>Notarized Letter Minimum Requirements:</b></p> <ul style="list-style-type: none"> <li>▶ Letter must be dated and written within 30 days of DOHMH receipt</li> <li>▶ Notary's commission must not be expired and must be verifiable</li> <li>▶ Required number of notary stamps must appear on letter</li> <li>▶ Other requirements may apply</li> </ul>
<b>Faxed Requests</b> <b>For yourself or your child only</b>	<ul style="list-style-type: none"> <li>▶ Valid Credit Card</li> <li>▶ Identification verified by Health Department computer system</li> </ul>	

## 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. Only original letters are accepted and not photo copies. Additional criteria are described below.

<p><b>Walk-in Customers</b></p> <p><b>Mail-in Requests</b></p>	<ul style="list-style-type: none"> <li>▶ Official Agency Letter, <b>AND</b></li> <li>▶ 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, <b>OR</b></li> <li>▶ A notarized letter (see details above) from your landlord that verifies your name and residence, <b>WITH</b> a Telephone or Utility Bill showing the Landlord's name and address</li> </ul>
--	---

### **Save Time!**

**THERE ARE FIVE WAYS TO ORDER:**

1. **WEB SITE:** [www.nyc.gov/health](http://www.nyc.gov/health)

2. **MAIL YOUR APPLICATION TO:**

NYC Dept. of Health & Mental Hygiene  
Office of Vital Records  
125 Worth St., CN 4, Rm. 133  
New York, N.Y. 10013-4090

3. **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

4. **PHONE:** 1 (212) 788-4520 for Credit Card Service

5. **WALK-IN:** Hours of Operation 9:00 AM – 3:30 PM

Lines are shortest 9:00 AM – 12:00 PM

The following fees apply:

Certificates – \$15.00

Credit Card Handling – \$5.55

Express Mailing Service for

Credit Card Orders – \$15.00