



將填寫完畢的申請表郵寄至：
 Mail completed application to:
 Office of Vital Records
Attn: Sealed Record Request
 125 Worth St., CN-4
 New York, NY 10013-4090

請參閱下方和背面的說明及相關費用。
 額外資訊也可於下列網址取得：
<https://www1.nyc.gov/site/doh/services/birth-certificates.page>
SEE INSTRUCTIONS AND APPLICABLE FEES BELOW AND ON BACK.
 Additional information is also available at
<https://www1.nyc.gov/site/doh/services/birth-certificates.page>

領養前 PRE-ADOPTION

出生證明申請書 BIRTH CERTIFICATE APPLICATION

請根據您當前的 **NYC 出生證明 (領養後)** 上的資訊填寫下方表格。

Please provide the information below as it appears **on your current NYC Birth Certificate (post-adoption)**. Print clearly.

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| 1. 目前出生證明 (領養後) 上的姓氏/ LAST NAME ON CURRENT BIRTH CERTIFICATE (POST-ADOPTION) | 2. 目前出生證明 (領養後) 上的名字/ FIRST NAME ON CURRENT BIRTH CERTIFICATE (POST-ADOPTION) | 3. FEMALE/ 女性 <input type="checkbox"/> MALE/ 男性 <input type="checkbox"/> X <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4a. 出生日期/DATE OF BIRTH <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>月</td> <td>日</td> <td>年</td> <td colspan="2"></td> </tr> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> <td colspan="2"></td> </tr> </table> | | | | | | 月 | 日 | 年 | | | MM | DD | YYYY | | | 4b. 如果您不知道確切的出生日期，請在以下輸入搜尋範圍/ IF YOU DON'T KNOW THE EXACT DATE OF BIRTH, ENTER SEARCH RANGE BELOW 自 FROM <table style="display: inline-table; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>月</td> <td>日</td> <td>年</td> <td colspan="2"></td> </tr> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> <td colspan="2"></td> </tr> </table> 至 TO <table style="display: inline-table; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>月</td> <td>日</td> <td>年</td> <td colspan="2"></td> </tr> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> <td colspan="2"></td> </tr> </table> | | | | | | | 月 | 日 | 年 | | | MM | DD | YYYY | | | | | | | | 月 | 日 | 年 | | | MM | DD | YYYY | | |
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| MM | DD | YYYY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. 當前出生證明上列出的出生醫院名稱或地址/ NAME OF HOSPITAL OR ADDRESS WHERE BORN, AS LISTED ON CURRENT BIRTH CERTIFICATE | 6. 出生的行政區 / BOROUGH WHERE BORN: MANHATTAN <input type="checkbox"/> BRONX <input type="checkbox"/> BKLYN <input type="checkbox"/> QUEENS <input type="checkbox"/> STATEN ISLAND <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. 目前出生證明 (領養後) 上母親/家長初婚前使用的姓名 / MOTHER/PARENT'S NAME PRIOR TO FIRST MARRIAGE ON CURRENT BIRTH CERTIFICATE (POST-ADOPTION) 名字/FIRST : _____ 姓氏 LAST : _____ | 8. 目前出生證明編號 (若已知) / CURRENT BIRTH CERTIFICATE NUMBER (if known) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. 目前出生證明 (領養後) 上父親/家長初婚前使用的姓名 / FATHER/PARENT'S NAME PRIOR TO FIRST MARRIAGE ON CURRENT BIRTH CERTIFICATE (POST-ADOPTION) 名字/FIRST : _____ 姓氏 LAST : _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. 您與此份領養前出生證明上的人士是什麼關係? / HOW ARE YOU RELATED TO THE PERSON ON THIS PRE-ADOPTION BIRTH CERTIFICATE? <input type="checkbox"/> 本人 (已年滿 18 歲) Self (18 years of age or older) <input type="checkbox"/> 已故被領養人之直系後裔 (包含已故被領養人之子女、孫子女或曾孫子女)，請註明: _____ <input type="checkbox"/> Direct line descendant of deceased adoptee (includes child, grandchild or great-grandchild of deceased adoptee) Specify: _____ <input type="checkbox"/> 受仍在世的被領養人聘僱的法定代表 <input type="checkbox"/> 受已故被領養人的直系後裔聘僱的法定代表 <input type="checkbox"/> Lawful representative hired on behalf of living adoptee <input type="checkbox"/> Lawful representative hired on behalf of direct line descendant of deceased adoptee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 請於下方以正楷清楚書寫您的郵寄與聯絡資訊 PLEASE PRINT YOUR MAILING AND CONTACT INFORMATION CLEARLY BELOW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名/NAME | 日間電話號碼 DAYTIME PHONE NUMBER <table style="display: inline-table; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 街道地址/STREET ADDRESS | 公寓編號/APT. NO. | 區碼/ Area Code <table style="display: inline-table; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> 電話號碼 Telephone number <table style="display: inline-table; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 城市/CITY | 州/STATE | 郵遞區號/ZIP CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 電子郵件/EMAIL <table style="width: 100%; border: 1px solid black; height: 20px;"></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 註意：在本申請書做出虛假、不實或誤導性陳述或是偽造他人簽名是違法行為。此類違法行為屬於輕度犯罪，可處以最高 2,000 美元的罰金。 NOTE: It is a violation of law to make a false, untrue or misleading statement or forge the signature of another person on this application. Violations are a misdemeanor punishable by a fine of up to \$2,000. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. 客戶簽名及日期/ CUSTOMER SIGNATURE AND DATE: 簽名/SIGNATURE : _____ 日期/DATE : _____ | 12. 客戶備注/附加資訊/CUSTOMER COMMENTS/ADDITIONAL INFORMATION : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

費用 費用為 15 美元，您會收到一份領養前出生證明的副本。僅可透過支票或匯票支付款項，抬頭請註明「NYC Health Department」。費用包括一項連續兩年的搜尋費用。

FEES The fee is \$15, and you will receive one copy of the pre-adoption birth certificate. Payment can be made by check or money order only, payable to "NYC Health Department." The fee includes a two-consecutive-year search.

領養前出生證明 15 美元
Pre-adoption birth certificate \$15
每多一年的搜索費用 3 美元 x _____ 年 = _____ 美元
\$3 for each extra year searched x _____ years = \$ _____
所含總金額： _____ 美元
Total amount enclosed: \$ _____

如果記錄未存檔，將核發經認證的「未找到記錄聲明」。不收現金。
IF RECORD IS NOT ON FILE, A CERTIFIED "NOT FOUND STATEMENT" WILL BE ISSUED. CASH IS NOT ACCEPTED.

透過郵寄方式提交的申請書必須經過公證。

APPLICATIONS SUBMITTED BY MAIL MUST BE NOTARIZED.

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN BEFORE ME:

THIS _____ DAY OF _____, 20____

NOTARY PUBLIC SIGNATURE: _____

NOTARY PUBLIC SEAL

登記投票：WWW.VOTE.NYC

REGISTER TO VOTE: WWW.VOTE.NYC

僅供員工使用：

STAFF USE ONLY: INDEX NO. _____

INDEX NO. NOT FOUND _____

STAFF INITIALS _____

領養前出生證明的重要資訊

請根據您當前的NYC出生證明（領養後）上所列內容，填寫此申請表中所要求的資訊。不需要提供領養前出生證明上的任何信息。滿足下列條件，即可獲得領養前出生證明：

- 您是被領養人，而且已經年滿 18 歲。
- 您是被領養人的直系後裔（如果被領養人已故）。
- 您是被領養人的法定代表。
- 您是被領養人直系後裔的法定代表（如果被領養人已故）。

直系後裔是指被領養人之子女、孫子女或曾孫子女或玄孫子女。法定代表可以包括被領養人或其直系後裔的律師。

申請已故者領養前出生證明的相關指示，以及涉及律師代表有權方（即有權獲得法律允許之價值或福利的一方）提出申請的詳細說明，可於 nyc.gov/vitalrecords 取得。請先參閱「Vital Records」（出生死亡登記）頁面，然後再提交申請表。

有權方也會收到與領養前出生證明一起現有存檔的任何領養相關文件，例如領養令。您無需為獲取可能現有歸檔的領養相關文件而單獨提交申請。我們會隨領養前出生證明，附上這些文件的副本。

- 偽造資訊（包括偽造簽名）以取得出生證明是輕罪，違反者每次可被處以最高2,000美元的罰款。
- 領養前記錄僅會以完整版出生證明的形式核發。完整版出生證明也稱為「正本」、「正式」或「完整尺寸」的出生證明，是處理出生記錄之機構所歸檔的詳細證明。
- 不會針對領養前記錄核發認證或例證信。
- 不接受現金和信用卡付款。如果從美國以外訂購，請郵寄國際匯票。
- 請造訪 nyc.gov/vitalrecords 查閱目前申請領養前出生證明的處理時間。

郵寄資訊：所有的郵寄申請都必須經過簽名和公證。將您的申請表郵寄至 **Attention: Sealed Records Request, 125 Worth St., CN-4, New York, NY 10013**。請務必在其中隨附支票或匯票，抬頭請註明「NYC Health Department」。費用為 15 美元，而且您會收到一份領養前出生證明的副本，以及可能已歸檔的任何領養相關文件。只能申請一份證明。

身份識別 (ID) 要求。您必須提供類別 1 種身份證明的清晰影本 **或是** 類別 2 種身份證明的正本（請參閱以下內容）。

類別 1：身份文件。提供以下任一項，需包括您的照片、簽名且未過期：

- 任何一州或美屬領地的駕照或非駕照身份證
- 公共福利卡
- 美國或外國護照
- 美國公民歸化證明
- 軍人身份證
- 附照片的員工ID卡，可核實的雇主與最近薪資單
- MTA 優惠價 MetroCard
- 由可核實且具備認證資格的機構頒發的學生證和當前成績單
- 附照片的囚犯身份證與釋放文件

類別 2：地址證明。如果您沒有類別 1 中的任一文件，可以如以下所述提供地址證明。您申請的證明將郵寄到下述文件上所提供的地址。

日期在前 60 天內並顯示您的姓名與地址的二份不同文件。

- 水電費帳單（線上帳單可從服務供應商的網站上下載或列印）
- 政府機構的信函

如果您無法提供類別 1 或 2 的身份證明，請聯絡出生死亡登記辦公室，網址：nycdohvr@health.nyc.gov。

IMPORTANT PRE-ADOPTION BIRTH CERTIFICATE INFORMATION

Please provide the information requested on this application based on what is currently listed on your NYC birth certificate (post-adoption). No information is required from the pre-adoption birth certificate. You can obtain a pre-adoption birth certificate if:

- You are the adopted person and are 18 years of age or older.
- You are the adopted person's direct line descendant, if the adopted person is deceased.
- You are a lawful representative for the adopted person.
- You are a lawful representative for the direct line descendant, if the adopted person is deceased.

A direct line descendant is the child, grandchild, great-grandchild or great-great-grandchild of the adopted person. A lawful representative may include the attorney of the adopted person or direct line descendant.

Detailed instructions for requesting the pre-adoption birth certificate of someone who is deceased and for attorneys submitting requests on behalf of an entitled party (i.e., party with rights to receive a value or benefit provided by law) are available at nyc.gov/vitalrecords. Check the Vital Records page before submitting your application.

Entitled parties will also receive any documents related to the adoption that are currently on file with the pre-adoption birth certificate, such as the adoption order. You do not have to submit a separate application to obtain adoption-related documents that may be on file. We will include one copy of the document(s) with the pre-adoption birth certificate.

- Falsifying information, including forging a signature, to obtain a birth certificate is a misdemeanor, and violators may also be subject to a fine of up to \$2,000 per violation.
- Pre-adoption records are issued as long-form birth certificates only. Also known as the "original," "official" or "full-size" birth certificate, the long-form birth certificate is the detailed certificate on file with the agency that processes the birth record.
- Apostille or Letter of Exemplification is not issued for pre-adoption records.
- Cash and credit cards are not accepted. If ordering from outside the U.S., send an international money order.
- Check current processing times for pre-adoption birth certificates at nyc.gov/vitalrecords.

Mailing information: All mailed applications must be signed and notarized. Mail your application to **Attention: Sealed Records Request**, 125 Worth St., CN-4, New York, NY 10013. Be sure to include your check or money order payable to "NYC Health Department." The cost is \$15, and you will receive one copy of the pre-adoption certificate and any adoption-related documents that may be on file. Only one certificate may be requested.

Identification (ID) requirements. You must provide a clear photocopy of ID from Category 1 or original copies of ID from Category 2 (see below).

Category 1: Identity documents. Provide any of the following, if it includes your photo, your signature and is unexpired:

- Driver's license or non driver's ID from any state or U.S. territory
- Public benefit card
- U.S. or foreign passport
- U.S. certificate of naturalization
- Military ID card
- Employee ID with photo, verifiable employer and recent pay stub
- MTA reduced-fare Metro Card
- Student ID and current transcript from accredited and verifiable institution
- Inmate photo ID with release papers

Category 2: Proof of address. If you do not have any of the Category 1 documents, you may provide proof of address as described below. Your certificate will be mailed to the address on the documents provided.

Two different documents dated within the past 60 days, if they show your name and address:

- Utility bills (online bills can be downloaded and printed out from your provider)
- Letter from a government agency

If you cannot provide Category 1 or 2 identification, please contact Vital Records at nycdohvr@health.nyc.gov.