



将已填妥的申请表邮寄至：

Mail completed application to:

Office of Vital Records

Attn: Sealed Record Request

125 Worth St., CN-4

New York, NY 10013-4090

请参见下方及背面的说明和适用费用

如需额外信息也可访问

<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>

领养前

PRE-ADOPTION

出生证明申请表

BIRTH CERTIFICATE APPLICATION

请根据您**当前的 NYC 出生证明（领养后）**上信息填写下方表格。以正楷清楚填写。

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

Print clearly.

1. 当前出生证明（领养后）上的姓氏/ LAST NAME ON CURRENT BIRTH CERTIFICATE (POST-ADOPTION)		2. 当前出生证明（领养后）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 border="1" style="width:100%; text-align:center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>月份</td><td>日期</td><td>年份</td><td colspan="3"> </td></tr> <tr><td>MM</td><td>DD</td><td>YYYY</td><td colspan="3"> </td></tr> </table>								月份	日期	年份				MM	DD	YYYY				4b. 如果您不知道确切的出生日期，请在下方输入搜索范围/ IF YOU DON'T KNOW THE EXACT DATE OF BIRTH, ENTER SEARCH RANGE BELOW 从 FROM <table border="1" style="width:100%; text-align:center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>月份</td><td>日期</td><td>年份</td><td colspan="3"> </td></tr> <tr><td>MM</td><td>DD</td><td>YYYY</td><td colspan="3"> </td></tr> </table> 至 TO <table border="1" style="width:100%; text-align:center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>月份</td><td>日期</td><td>年份</td><td colspan="3"> </td></tr> <tr><td>MM</td><td>DD</td><td>YYYY</td><td colspan="3"> </td></tr> </table>										月份	日期	年份				MM	DD	YYYY										月份	日期	年份				MM	DD	YYYY			
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5. 当前出生证明上列出的出生医院名称或地址/ NAME OF HOSPITAL OR ADDRESS WHERE BORN, AS LISTED ON CURRENT BIRTH CERTIFICATE			6. 出生地行政区 / 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. 当前出生证明（领养后）上母亲/家长初婚前使用的姓名 / MOTHER/PARENT'S NAME PRIOR TO FIRST MARRIAGE ON CURRENT BIRTH CERTIFICATE (POST-ADOPTION) 名字/FIRST: _____ 姓氏/LAST: _____			8. 当前出生证明号码（如已知） / CURRENT BIRTH CERTIFICATE NUMBER (if known)																																																								
9. 当前出生证明（领养后）上父亲/家长初婚前使用的姓名 / FATHER/PARENT'S NAME PRIOR TO FIRST MARRIAGE ON CURRENT BIRTH CERTIFICATE (POST-ADOPTION) 名字/FIRST: _____ 姓氏/LAST: _____																																																											
10. 您与这份领养前出生证明上的人是什么关系？ / HOW ARE YOU RELATED TO THE PERSON ON THIS PRE-ADOPTION BIRTH CERTIFICATE? <input type="checkbox"/> 本人（已年满 18 岁） Self (18 years of age or older)																																																											
<input type="checkbox"/> 已故被领养人的直系后裔（包括已故被领养人的子女、孙子女或曾孙子女），请注明： _____																																																											
<input type="checkbox"/> Direct line descendant of deceased adoptee (includes child, grandchild or great-grandchild of deceased adoptee) Specify: _____																																																											
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<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																																																											
请在下方以正楷清楚填写您的邮寄信息和联系信息																																																											
PLEASE PRINT YOUR MAILING AND CONTACT INFORMATION CLEARLY BELOW																																																											
姓名/NAME		日间电话号码 <table border="1" style="width:100%; text-align:center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																									
街道地址/STREET ADDRESS		公寓号/APT. NO.		区号/ Area Code <table border="1" style="width:100%; text-align:center;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> 电话号码 Telephone number <table border="1" style="width:100%; text-align:center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																							
市/CITY		州/STATE		电子邮件/ EMAIL <table border="1" style="width:100%; height:20px;"> <tr><td> </td></tr> </table>																																																							
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注意：在申请中做出虚假、不实或误导性陈述或者伪造他人签名属违法行为。此类违法行为属轻罪，可处以最高 2,000 美元的罚款。 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. 客户签名及日期 / CUSTOMER SIGNATURE AND DATE: 签名/SIGNATURE: _____ 日期/DATE: _____			12. 客户备注/附加信息 / CUSTOMER COMMENTS/ADDITIONAL INFORMATION:																																																								

费用 费用为 15 美元, 您将收到一份领养前出生证明的副本。只能以支票或汇票的方式支付, 抬头应为“NYC Health Department”。费用包括一项连续两年的搜索费用。

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.

领养前出生证明 15 美元
Pre-adoption birth certificate \$15
每多一年的搜索费用 3 美元 x _____ 年数 = _____ 美元
\$3 for each extra year searched x _____ years = \$ _____
所含总额: _____ 美元
Total amount enclosed: \$ \$ _____

如果记录未存档, 将发放经核证的“未找到记录声明”。不收现金。
IF RECORD IS NOT ON FILE, A CERTIFIED “NOT FOUND STATEMENT” WILL BE ISSUED. CASH IS NOT ACCEPTED.

通过邮寄方式提交的申请
须经过公证。
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

登记投票 : WWW.VOTE.NYC
REGISTER TO VOTE: WWW.VOTE.NYC

仅限员工使用 :

STAFF USE ONLY: INDEX NO. _____ INDEX NO. NOT FOUND _____ STAFF INITIALS _____

领养前出生证明的重要信息

请根据您当前的NYC出生证明（领养后）上所列内容，填写此申请表中所要求的信息。不需要提供领养前出生证明上的任何信息。满足以下条件，即可获得领养前出生证明：

- 您是被领养人且已年满 18 岁。
- 您是被领养人的直系后裔（如果被领养人已故）。
- 您是被领养人的法定代表。
- 您是被领养人直系后裔的法定代表（如果被领养人已故）。

直系后裔是被领养人的子女、孙子女、曾孙子女或玄孙子女。法定代表可包括被领养人或其直系后裔的律师。

申请已故者领养前出生证明的相关指示，以及涉及律师代表有权方（即有权获得法律允许之价值或福利的一方）提出申请的详细说明，可在 nyc.gov/vitalrecords 上找到。请先参阅“Vital Records”（出生死亡登记）页面，然后再提交申请表。

有权方也会收到与领养前出生证明一起现有存档的任何领养相关文件，例如领养令。您无需为获取可能现有存档的领养相关文件，而单独提交申请。我们会随领养前出生证明附上这些文件的副本。

- 为获取出生证明而伪造信息（包括伪造签名）属轻罪，违反者每次可被处以最高 2,000 美元的罚款。
- 领养前记录只能以完整版出生证明的形式核发。完整版出生证明又称为“原始版本”、“官方”或“完整尺寸”出生证明，是由处理出生记录的机构存档的详细证明。
- 不会针对领养前纪录核发认证或例证函。
- 不接受现金和信用卡。如果从美国以外订购，请发送国际汇票。
- 请在 nyc.gov/vitalrecords 上查阅目前申请领养前出生证明的处理时间。

邮寄信息：所有邮寄申请都必须经过签字和公证。请将您的申请邮寄至 **Attention: Sealed Records Request, 125 Worth St., CN-4, New York, NY 10013**。请务必随附抬头为“Health Department”的支票或汇票。费用为 15 美元，您将收到一份领养前出生证明以及与领养相关并已存档的任何文件副本。只可申请一份证明。

身份证明 (ID) 要求。您必须提供类别 1 中身份证明的清晰复印件或类别 2 中身份证明的原件（参见下文）。

类别 1：身份证明文件。请提供以下任一项，必须包含您的照片和签名，且未过期：

- 任何州或美国领土的驾驶证或非驾驶员身份证
- 公共福利卡
- 美国或外国护照
- 美国入籍证明
- 军人身份证
- 附有照片的员工ID卡、可核实的雇主和近期工资单
- MTA 优惠价 MetroCard
- 由可核实且具备认证资格的机构颁发的学生证和当前成绩单
- 附照片的服刑人员身份证以及释放文件

类别 2：地址证明。如果没有以上类别 1 中的任何文件，您可以提供如下所述的地址证明。我们会将您申请的证明邮寄到您提供的文件上所述的地址。

开具日期为过去 60 天内的两种不同文件（如果其中列有您的姓名和地址）

- 水电费账单（可从提供商处下载并打印在线账单）
- 政府机构信函

如果您无法提供类别 1 和类别 2 中的身份证明，请通过 nycdohvr@health.nyc.gov 联系出生死亡登记办公室。

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.