NEW YORK STATE DEPARTMENT OF HEALTH Vital Records Section

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION					
First Middle Last Name		Date of Birth			
Hospital (If not hospital, give street & number) Place of Birth		(Village, Town or City) County			
First Middle I Father	_ast	Maiden Na of Mother	me First Middle	e Last	
Number of Copies Requested Enter Birth No if Known		0.	Enter Local Registration No. if Known		
Purpose for Which Social Security-Retirem Purpose for Which Social Security-SSI Record is Required Retirement (Check One) Employment Other (Specify)			Working Papers Welfare Assistance wment School Entrance Veteran's Benefits Driver's License Court Proceeding Marriage License Entrance into Armed Forces		
APPLICANT INFORMATION					
NAME MIDDLE LAST FIRST MIDDLE LAST What is your relationship to person whose record is required? Self Parent Other, specify Self Parent Other, specify		If attorney, give name and relationship of your client to person whose record is required			
		(name of client) (relationsh		(relationship)	
		FOR REGISTRAR'S USE ONLY			
		TYPE OI	(Photocopy ID and attach to - ID Driver's License State No		
Address of Applicant			Other ID, specify	7	
Street			Na		
City State Zip Code			No		

DOH-296A (11/94)