### Information Page - Mail-in Application for Copy of Birth Certificate

#### **General Instructions**

- **Do not** use this application to submit your request by fax.
- Use this application only if you are the person named on the birth certificate or that person's parents.
  - Use this application only if the birth occurred in New York State *outside* of New York City. **Do not** use this application if the birth occurred in any of the five (5) boroughs of New York City.
- **Do not** use this application for *genealogy requests*.
- Print a copy of this application, complete and sign.
- Mail application along with check or money order and a copy of the required documentation (see below).

For regular handling send by first class mail, registered mail, certified mail or U.S. Priority Mail to:

Tompkins County Health Department Vital Records Section 55 Brown Road Ithaca, NY 14850

#### Identification Requirements: Application *must* be submitted with acceptable identification:

Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.

- A. One (1) of the following forms of valid photo-ID:
  - Driver license
  - Non-driver license
  - Passport
  - Naturalization Papers
  - Military ID
  - Employer's Photo ID
  - Police report of lost or stolen ID

---- OR ----

- B. Two (2) of the following showing the applicant's name and address:
  - Utility bill or telephone bill
  - Letter from a government agency dated within the last six (6) months

#### Fee per transaction:\*

• \$30 for the first certified copy, \$15 for each additional copy

\*One transaction refers to one customer ordering a single record at any one time.

# NEW YORK STATE DEPARTMENT OF HEALTH Vital Records Section

## Application to Local Registrar for Copy of Birth Certificate

Required ID must be included with application. Make check or money order payable to Tompkins County Health Department.	
Enclose \$30 per copy and completed form to:	
Name: (as listed on birth certificate)  Date of Birth:	
First Middle	Last (mm / dd / yyyy)
Town, city or village where birth occurred: Name of hospital where birth occurred: (If known)	
Maiden Name of Mother: (as listed on birth certificate)	Birth Certificate No.: (If known)
	(II KNOWI)
	Local Registration No.: (If known)
Father: (as listed on birth certificate)  Maide  Maide	n Last (If known)
	Number of Copies Requested:
	realised of depice requested.
First Middle	Last
Purpose for which Record is Required:   Check one   Passport   Employment   Drivers license   Veteran's benefits   Court proceeding   Court proceeding   School entrance   Welfare assistance   Armed Forces   Armed Forces   Court proceeding   Court proceeding	
What is your relationship to person whose  If attorney, give name and relationship of your client to person whose record is required:	
record is required? (If self, state "SELF".)	
This office requires written authorization of the person/parents whose record is requested.	
Signature of Applicant:  Date Signed:  Month Day Year  (Photocopy ID and attach to application form)  TYPE OF ID:  Driver's License  Other ID, specify  Other ID, specify	
Address of Applicant:	# ISSUED
(Applicant's Name)	AMOUNT PAID:
	CHECK OR CASH RECEIPT #
(Street)	DATE ISSUED:
	INITIALS OF PERSON ISSUING
(City) (State) (Zip)	
Telephone No.: ( )	CERTIFICATE/TRANSCRIPT #