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

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- 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: Tompkins County Health Department Vital Records Section 55 Brown Road Ithaca, NY 14850	
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)
First Middle Maide	Local Registration No.: (If known)
Father: (as listed on birth certificate)	The Last
	Number of Copies Requested:
	·
First Middle	Last
Purpose for which Record is Required: Social Security (Check one) Passport School entrance Sch	
What is your relationship to person whose record is required: If attorney, give name and relationship of your client to person whose record is required:	
Tecord is required? (If sell, state SELF.)	
This office requires written authorization of the person/parents whose record is requested.	
Signature of Applicant: Date Signed: Month Day Year	FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form) TYPE OF ID: Driver's License Other ID, specify
Address of Applicant:	# ISSUED
	AMOUNT PAID:
(Applicant's Name)	CHECK OR CASH RECEIPT #
(Street)	DATE ISSUED:
(City) (State) (Zip)	INITIALS OF PERSON ISSUING
(City) (State) (Zip) Telephone No.: ()	CERTIFICATE/TRANSCRIPT #