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 M M D D Y Y Y Y
Place of Birth	(Village, Town or City) County
First Middle Last Father	Maiden Name First Middle Last of Mother
Number of Copies Requested Enter Birt if Known	th No. Enter Local Registration No. if Known
Passport Social Security- Purpose for Which Record is Required (Check One) Retirement Employment Other (Specify)	SSI Driver's License Court Proceeding Marriage License Entrance into Armed Forces
APPLICANT INFORMATION	
WAME FIRST MIDDLE LAST What is your relationship to person whose record is required? Self Parent Other, specify	If attorney, give name and relationship of your client to person whose record is required
Telephone No. ()	(name of client) (relationship)
Social Security No.	FOR REGISTRAR'S USE ONLY
Signature of Applicant Date MM DD Y	TYPE OF ID Driver's License State No
ddress of Applicant	Other ID, specify
Street	
City State Zin Code	- No

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Mail To: Town of Groveland, 4955 Aten Road Groveland NY 14462 Check/Money Order Made out to: Town of Groveland

TYPES OF ACCEPTABLE IDENTIFICATION

- 1. Driver's license
- 2. Non-driver's license
- 3. Passport
- 4. Naturalization Papers
- 5. Military ID
- 6. Employer's Photo ID
- 7. Two utility bills, showing applicant's name and address
- 8. Police report of lost or stolen ID

DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED