



**REGISTRAR'S OFFICE
CITY HALL – ROOM 104
ONE ROOSEVELT SQUARE
MOUNT VERNON, NEW YORK 10550
(914) 665-2356**

REQUEST FOR BIRTH CERTIFICATION

Directions: Enter all information requested below by **Typing** on the computer in the available spaces. To move from field to field use the **Tab** key or your mouse. Once completed, print and mail to the above address with the following:

1. Birth Certifications are \$10.00 per copy
2. Certified check or Money Order only (payable to the "City of Mount Vernon)
3. Copy of valid Photo Identification required
4. Self addressed, stamped/return envelope



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NEW YORK STATE DEPARTMENT OF HEALTH
 Vital Records Section

**Application to Local Registrar
 for Copy of Birth Record**

CERTIFICATE INFORMATION

First _____	M _____	Last _____	Date of Birth _____
Place of Birth _____	City _____	County _____	# of Copies _____
Father's First _____	Last _____	Mother's First _____	Last (maiden) _____

Purpose for which Record is Required (Check One):

- | | | |
|-----------------|------------------|----------------------------|
| Passport | Working papers | Welfare assistance |
| Social Security | School entrance | Veteran's benefits |
| Retirement | Driver's license | Court proceeding |
| Employment | Marriage license | Entrance into Armed Forces |
- Other (specify) _____

APPLICANT INFORMATION

First _____ M _____ Last _____	If attorney, give name and relationship of your client whose record is required _____
What is your relationship to person whose record is required? _____	Name of Client _____
Address of Applicant _____	Relationship _____
City _____ State _____ Zip _____	<p>For Registrar's Use Only (Photocopy ID and Attach to Application Form)</p> <p>TYPE OF ID:</p> <p>Driver's License</p> <p style="padding-left: 40px;">State _____ No. _____</p> <p>Other ID, specify _____</p> <p style="padding-left: 40px;">No. _____</p>
(_____) Telephone No. _____ Email Address _____	
Social Security No. _____	
Signature of Applicant _____ Date _____	
PLEASE PAY:	

SUBMIT APPLICATION WITH THE FOLLOWING:

- **\$10.00 for each certified copy (Certified check or Money Order only) payable to the "City of Mount Vernon"**
- **Copy of valid Photo Identification**
- **Self addressed, stamped/return envelope**