



**CITY OF MOUNT VERNON, NEW YORK  
DEPARTMENT OF VITAL STATISTICS  
ONE ROOSEVELT SQUARE, ROOM 115  
MOUNT VERNON, NEW YORK 10550**

**GEORGE W. BROWN**  
*Registrar*

**(914) 665-2356  
Fax (914) 668-6044  
[www.cmyny.com](http://www.cmyny.com)**

**KELLEY E. THOMAS**  
*Deputy Registrar*

**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. Genealogy Copies are \$11.00 per copy
3. Certified check or Money Order only (payable to the "City of Mount Vernon")
4. Copy of valid Photo Identification required
5. Self addressed, stamped/return envelope
6. Request form must be notarized.



REGISTRAR'S OFFICE  
 CITY HALL – ROOM 115  
 ONE ROOSEVELT SQUARE  
 MT. VERNON, NY 10550  
 914-665-2356

NEW YORK STATE DEPARTMENT OF HEALTH  
 Vital Records Section  
 Application to local Registrar for  
 Copy of Birth Records

**BIRTH CERTIFICATE INFORMATION**

\_\_\_\_\_  
 First M Last Date of Birth

\_\_\_\_\_  
 City of Place of Birth County Number of Copies

\_\_\_\_\_  
 Father's first & last name Mother's first & maiden last name

*Purpose for which Record is required (check one):*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Passport        | <input type="checkbox"/> Working papers   | <input type="checkbox"/> Welfare assistance         |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> School entrance  | <input type="checkbox"/> Veteran's benefits         |
| <input type="checkbox"/> Retirement      | <input type="checkbox"/> Driver's license | <input type="checkbox"/> Genealogy Purposes         |
| <input type="checkbox"/> Employment      | <input type="checkbox"/> Marriage license | <input type="checkbox"/> Entrance into Armed Forces |

Other (specify) \_\_\_\_\_

**APPLICANT INFORMATION**

\_\_\_\_\_  
 First name Last name

What is your relationship to person whose record is  
 Required? \_\_\_\_\_

\_\_\_\_\_  
 Address of Applicant

\_\_\_\_\_  
 City State Zip Code

\_\_\_\_\_  
 Telephone # Email Address

\_\_\_\_\_  
 Applicant's Social Security No.

\_\_\_\_\_  
 Signature of Applicant Date

**RESTRICTIONS**

Parent(s) or the child over the age of 18 is entitled to  
 obtain birth certificate.

**For Registrar's Use Only**

(Photocopy ID and Attach to application form)

Type of ID:

Driver's License State \_\_\_\_\_ No. \_\_\_\_\_

Other ID, Specify \_\_\_\_\_  
 No. \_\_\_\_\_

SWORN TO BEFORE ME

(Notary Seal)

This \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 Notary Public

**SUBMIT APPLICATION WITH THE FOLLOWING:**

- \$10 for each certified copy and \$11 for Genealogy Copy (Certified check or Money Order Only)  
 Make payment Payable to the " City of Mount Vernon"
- Copy of valid photo Identification & self address stamped return envelope