



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

Application to local Registrar for
Copy of Birth Records

BIRTH CERTIFICATE INFORMATION

First name Middle name Last name (maiden) Date of Birth

City of Place of Birth

Number of Certificates

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

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

SWORN TO BEFORE ME

This _____ Day of _____ 20____

(Notary Seal)

Notary Public

SUBMIT APPLICATION WITH THE FOLLOWING:

- \$10 for each certified copy or \$11 for each 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