



MAIL TO:
 BUREAU OF VITAL STATISTICS
 CITY HALL, 198 N. WASHINGTON ST.
 ROME, NEW YORK 13440

Request for copy of BIRTH CERTIFICATE

Please send stamped self-addressed envelope

Please Type or Print

WE DO NOT ACCEPT PERSONAL CHECKS

FEE: \$10.00 per copy (non-refundable)

Make money order payable to: Bureau of Vital Statistics

APPLICANT: You must include a copy of your current photo I.D. (driver's license) or submit one of the following if a license isn't available: **1)** Non-Driver Photo ID card, **2)** Passport or **3)** Government issued photo ID such as military identification. If photo identification isn't available, please submit **TWO** of the following: **1)** Utility or telephone bills or **2)** Letter from a government agency dated within the last six months. If you are unable to do any of the above, call (315) 339-7756 for other suggestions.

Number of Copies: _____ Full names must be furnished, please do not use initials

BIRTH NAME: _____	DATE OF BIRTH: _____
PLACE OF BIRTH: _____	
FATHER'S NAME: _____	
MOTHER'S FULL MAIDEN NAME: _____	
PURPOSE FOR WHICH RECORD IS REQUIRED (REASON NEEDED): _____	

What is your relationship to person whose record is required? If self, state "Self". _____

Birth certificates are issued only to person him/herself, legal parents or representatives. If attorney, give name and relationship of your client to person whose record is required:

Signature of Applicant: _____

Address of Applicant: _____

Date: _____ Daytime Phone# _____