NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Application to Local Registrar for Copy of Birth Record

Copy of required ID must be included. **Enclose $10 per copy payable to:** ***New Lebanon Town Clerk***	**Mail to:** New Lebanon Town Clerk Vital Records Request P.O. Box 328 New Lebanon, NY 12125

CERTIFICATE INFORMATION

Name: (as listed on birth certificate) *First* *Middle* *Last*	Date of Birth: *(mm/dd/yyyy)*
Town, city or village where birth occurred:	
Maiden Name of Mother: (as listed on birth certificate) *First* *Middle* *Last*	
Father: (as listed on birth certificate) *First* *Middle* *Last*	Number of Copies Requsted:

Purpose for which Record is Required: *(Check one)*

☐ Passport ☐ Social Security ☐ Retirement ☐ Other (specify) _____

☐ Employment ☐ Working Papers ☐ School Entrance

☐ Drivers License ☐ Marriage License ☐ Welfare Assistance

☐ Veteran's Benefits ☐ Court Proceeding ☐ Entrance into Armed Forces

What is your relationship to person whose record is required? (If self, state "SELF".)	If attorney, give name and relationship of your client to person whose record is required:

Applications being submitted through the mail require a notarizd signature along with copy of ID.

Signature of Applicant:	Date:	$10 x _____ Copies = $ _____

Address of Applicant: (PRINT) *(Applicant's Name)* *(Street)* *(City)* *(State)* *(Zip)* Telephone No.: ( )	Please print or type the name and address where record should be sent if different than applicant's: *(Name)* *(Street)* *(City)* *(State)* *(Zip)*
Notary (if required):	***Types of Acceptable Identification:*** Driver's license Non-driver's license Passport Other government issued photo-ID