

**Information Page — Mail-in Application for Copy of Birth Certificate**

**General Instructions**

- **Do not** use this application to submit your request *by fax*.
- Use this application only if you are the person named on the birth certificate or that person's parents.
- Use this application only if the birth occurred in New York State *outside* of New York City. **Do not** use this application if the birth occurred in any of the five (5) boroughs of New York City.
- **Do not** use this application for *genealogy requests*.
- Print a copy of this application, complete and sign.
- **Mail** application along with check or money order and a copy of the required identification to:

For regular handling send by first class mail, registered mail, certified mail or U.S. Priority Mail to:

Certification Unit  
Vital Records Section  
New York State Department of Health  
P.O. Box 2602  
Albany, NY 12220-2602

For priority handling (add \$15.00 per copy ordered) send by U.S. Postal Express or other overnight carrier **only** to:

Certification Unit  
Vital Records Section / 2nd Floor  
New York State Department of Health  
800 North Pearl Street  
Menands, NY 12204

**Identification Requirements:** Application must be submitted with copies of either A or B.

- A. One (1) of the following forms of valid photo-ID.
- Driver license
  - Non-driver license
  - Passport
  - Employment ID
- B. Two (2) of the following showing the applicant's name and address.
- Utility bill or telephone bill
  - Letter from a government agency dated within the last six (6) months.

**Fees:** If no record is on file, a **No Record Certification** will be issued and the fee is **not** refunded.

- **For regular handling:** The fee is \$30.00 per copy. — Total for one (1) copy is \$30.00. Total for two (2) copies is \$60.00, etc.
- **For priority handling:** The fee is \$30.00 + \$15.00 per copy. — Total for one (1) copy is \$45.00. Total for two (2) copies is \$90.00, etc. *Please send application by overnight carrier to ensure priority handling.*
- Send check or money order payable to the New York State Department of Health. **Do not send cash.**

**Note:** Payment submitted from foreign countries must be made by a check drawn on a United States bank or by international money order. **Do not send cash.**

**Processing Time**

- Up to two (2) weeks when ordered with priority handling and submitted by overnight carrier.
- A minimum of eight (8) to ten (10) weeks when ordered without priority handling.
- For faster processing, you may wish to use your credit card and submit your request by *e-mail, fax, or telephone*.

**Completing the Form**

- If you are using Acrobat Reader® 5.0 (available as a free download from *www.adobe.com*) you can fill in the form directly in Acrobat Reader by clicking on the appropriate space and entering the information (use the TAB key to move to the next field, shift-TAB to move backwards). Print the completed form, sign and mail to the above address.
- You can print out a blank copy of the form and then type or print the required information.
- Be sure to sign the form before mailing and include a check or money order made payable to the New York State Department of Health along with copies of the required identification.

