

VILLAGE
OF
NEW BERLIN

13 South Main Street, PO Box 280
New Berlin, NY 13411
(607) 847-6389 Fax: (607) 847-9865

FAX

To:	From: Kelly Anderson
Fax:	Pages:
Phone:	Date:

Instructions to applicant for copy of Birth Record

1. Complete DOH-296A Application
2. Enclose acceptable identification (on back of application)
3. Enclose a check or money order for \$10 per copy, made out to the Village of New Berlin
4. Mail to: Village of New Berlin, PO Box 280, New Berlin, NY 13411

A certified copy of a birth record may be issued

1. To a person with a NYS Court Order
2. To the person named on the birth certificate, if 18 years of age or older
3. To the parents of the person named on the birth certificate
4. To the lawful representative of the person named on the birth certificate
5. To the Commissioner of Health
6. To a municipal, state or federal agency when needed for official purposes

TYPES OF ACCEPTABLE IDENTIFICATION

1. Driver's license
2. Non-driver's license
3. Passport
4. Naturalization Papers
5. Military ID
6. Employer's Photo ID
7. Two utility bills, showing applicant's name and address
8. Police report of lost or stolen ID

DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

Name	First Middle Last	Date of Birth <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									M	M	D	D	Y	Y	Y	Y	
M	M	D	D	Y	Y	Y	Y												
Place of Birth	Hospital (If not hospital, give street & number)	(Village, Town or City)	County																
Father	First Middle Last	Maiden Name	First Middle Last																

Number of Copies Requested	Enter Birth No. if Known	Enter Local Registration No. if Known
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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-Retirement	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits
<input type="checkbox"/> Social Security-SSI	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding
<input type="checkbox"/> Retirement	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance into Armed Forces
<input type="checkbox"/> Employment		
<input type="checkbox"/> Other (Specify) _____		

APPLICANT INFORMATION

<p>NAME</p> <p style="text-align: center;">FIRST MIDDLE LAST</p> <p>What is your relationship to person whose record is required?</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____</p> <p>Telephone No. (____) _____-____</p> <p>Social Security No. _____-____-____</p> <p>Signature of Applicant _____</p> <p style="text-align: right;">Date</p> <p style="text-align: center;"> <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> <td style="text-align: center;">YY</td> </tr> </table> </p> <p>Address of Applicant</p> <p>Street _____</p> <p>City _____ State _____ Zip Code _____</p>				MM	DD	YY	<p>If attorney, give name and relationship of your client to person whose record is required</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 60%; height: 30px;"></td> <td style="border: 1px solid black; width: 40%; height: 30px;"></td> </tr> <tr> <td style="text-align: center;">(name of client)</td> <td style="text-align: center;">(relationship)</td> </tr> </table> <div style="background-color: #cccccc; padding: 5px;"> <p style="text-align: center; margin: 0;">FOR REGISTRAR'S USE ONLY</p> <p style="text-align: center; font-size: small; margin: 0;">(Photocopy ID and attach to application form)</p> <p>TYPE OF ID</p> <p><input type="checkbox"/> Driver's License</p> <p style="margin-left: 20px;">State _____ No. _____</p> <p><input type="checkbox"/> Other ID, specify _____</p> <p style="margin-left: 20px;">No. _____</p> </div>			(name of client)	(relationship)
MM	DD	YY									
(name of client)	(relationship)										