



Application for Copy of Birth Certificate

Required ID must be included with application. (Current U.S. Driver's License, Non-Driver's License or Passport must be attached to application.)

For handling: Enclose \$10 per copy or No Record Certification.

Send to:
City of New Rochelle
City Clerk
515 North Ave
New Rochelle, NY 10801

Make U.S. money order payable to New Rochelle City Clerk.
Cash or credit card payments are also accepted in person

Name: (as listed on birth certificate)

Date of Birth:

First Middle Last

(mm / dd / yyyy)

Town, city or village where birth occurred:

NEW ROCHELLE ONLY

Maiden Name of Mother: (as listed on birth certificate)

Telephone Number:

First Middle Maiden Last

E-mail Address:

Father: (as listed on birth certificate)

Number of Copies Requested:

First Middle Last

x each =

Purpose for which Record is Required: <i>(Check one)</i>	Passport Social Security Retirement International Other <i>(specify)</i> _____	Employment Working Papers School entrance	Drivers license Marriage license Welfare assistance	Veteran's benefits Court proceeding Entrance into Armed Forces
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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 on company letterhead:

Signature of Applicant: _____ **Date:** _____

This office requires written and notarized authorization of the person/parents whose record is requested.

Please enclosed a self addressed stamped envelope.

Print or type the name and address where record should be sent:
(If delivery is to a third party, you must submit with this application a notarized statement signed by the applicant and a copy of the applicant's drivers license.)

Sworn and subscribed before me

This ____ Day of _____, 20 ____

Notary Public

(Notary Stamp)

(Name)

(Street)

(City)

(State)

(Zip)