



NYC Department of Health and Mental Hygiene
Bureau of Vital Statistics
125 Worth St. New York, NY 10013

An attorney requesting a birth certificate on behalf of a registrant, registrant's mother or registrant's father (if named on the certificate), must complete and submit this form in addition to a Birth Certificate Application, matching a record on file, the required fee, and copies of attorney's current photo ID and proof of attorney licensure.

A Authorization by the registrant, if 18 years of age or older, registrant's mother or registrant's father (if named on certificate):

I, _____ authorize _____
(Print name) (Print name of attorney)
to act on my behalf to obtain my/my child's birth certificate.

(Signature of registrant, registrant's mother or registrant's father) (Date)

B Attach a copy of at least one unexpired photo identification document for the authorizing registrant, registrant's mother or registrant's father, such as:

- 1. Driver's license 2. Public benefit card 3. U.S. or foreign passport 4. U.S. certificate of naturalization 5. Military ID 6. Employee ID with photo 7. MTA reduced-fare MetroCard with photo 8. Student photo ID with transcript from verified institution 9. Inmate photo ID 10. State issued non-driver photo ID

C If you cannot comply with Section B, attach a copy of at least one identification document for the authorizing registrant, registrant's mother or registrant's father, such as:

- 1. A recently expired photo ID 2. Social Security or Medicare card 3. Public benefit card 4. Marriage certificate or divorce decree 5. College, university or high school records 6. Recent employment pay stubs 7. Proof of address from a government agency or utility company

D If you cannot comply with Section B or C, complete, sign and date the following statement:

- 1. I affirm that I have asked my client to make reasonable efforts to provide any of the documents listed in sections B and C;
2. I affirm that my client is unable to obtain any such document;
3. I affirm that I have attached a photograph of my client, which was taken in my presence; and
4. I affirm that I assessed my client's credibility through an in-person interview and am satisfied that my client has accurately and honestly represented his/her identity based on the following (check all that apply):

- checkbox No problem remembering vital information
checkbox Provided Social Security number
checkbox One or more persons confirmed identity (explain)
checkbox Provided mailing address
checkbox Provided personal cell phone or email
checkbox Provided expired ID or other document (explain)
checkbox Provided source of income information
checkbox Other

(Signature of attorney)

(Date)

checkbox DOHMH accept

checkbox DOHMH reject

Staff initials _____

Date _____