



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: City Clerk's Office
Cash or credit card payments are also accepted in person

| | |
|--|------------------|
| Name: (as listed on birth certificate) | Date of Birth: |
| <i>First</i> <i>Middle</i> <i>Last</i> | (mm / dd / yyyy) |

Town, city or village where birth occurred:

NEW ROCHELLE ONLY

| | |
|---|-------------------|
| Maiden Name of Mother: (as listed on birth certificate) | Telephone Number: |
| <i>First</i> <i>Middle</i> <i>Maiden Last</i> | E-mail Address: |

| | |
|--|-------------------------------|
| Father: (as listed on birth certificate) | Number of Copies Requested: |
| <i>First</i> <i>Middle</i> <i>Last</i> | x each = |

| | | | | |
|--|---|--|---|---|
| Purpose for which Record is Required: (Check one) | Passport Social Security Retirement International Other (specify) _____ | Employment Working Papers School entrance Apostille | Drivers license Marriage license Welfare assistance Dual Citizenship | 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:** _____

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|---|--|
| <p>This office requires written and notarized authorization of the person/parents whose record is requested.</p> <p>Sworn and subscribed before me</p> <p>This ____ Day of _____, 20 ____</p> <p>_____ Notary Public</p> <p>(Notary Stamp)</p> | <p>Please enclosed a self addressed stamped envelope.</p> <p>Print or type the name and address where record should be sent:</p> <p>_____ (Name)</p> <p>_____ (Street)</p> <p>_____ (City) (State) (Zip)</p> |
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