

Mail-in Application for Copy of Birth Certificate

Do not use this application if the birth occurred within the five boroughs of New York City.

Required ID documents must be sent with this application. Also enclose a check or money order payable to the New York State Department of Health. Include notarized statement (if required). Be sure to sign the form.

• For Expedited order placement and processing:

Please visit www.VitalChek.com
or call VitalChek Network, Inc. at 877-854-4481

Certified copy processing by mail:

Enclose \$10 per copy.

If no record is found, your fee will not be refunded.

Send to: *Ripley Town Clerk
14 N. State St.
PO BOX 2
Ripley, NY 14775*

Name: (as listed on birth certificate) <small>First Middle Last</small>			Date of Birth: <small>mm / dd /yyyy</small>
Town, City or Village Where Birth Occurred:			Birth Certificate Number: (If known)
Name of Hospital Where Birth Occurred: (If known)			Local Registration Number: (If known)
Birth/Pre-marriage Name of Mother/Parent: (As listed on Birth Certificate) <small>First Middle Last</small>			
Father/Parent: (As listed on Birth Certificate) <small>First Middle Last</small>			
Reason for Requesting the Record: (Check one)			
<input type="checkbox"/> Passport	<input type="checkbox"/> Employment	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Veteran's Benefits
<input type="checkbox"/> Social Security	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Court Proceeding
<input type="checkbox"/> Retirement	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Welfare Assistance	<input type="checkbox"/> Entrance into Armed Forces
<input type="checkbox"/> Copy of Certificate of Birth Data for Foreign-born, Adopted Child.			
Specify Country: _____		Certificate "A" Number (If known) _____	
What is your relationship to person whose record is required? (If self, state "Self".)			
If you are an attorney, give name and relationship of your client to person whose record is required:			

The person/parent requesting information MUST complete and sign the box below.

<p>Applicant</p> <p>Name <small>Print</small></p> <p>Signature</p> <p>Date Signed <small>mm / dd /yyyy</small></p> <p>Address <small>Street</small></p> <p>City State Zip</p> <p>Telephone Number: ()</p>	<p>Certified Copy: \$/0.00 x _____ Copies = \$ _____</p>
---	--