

**THE NYS DEPARTMENT OF HEALTH VITAL RECORDS UNIT
PROHIBITS THE SALE OF VITAL RECORDS ONLINE OR BY USE
OF FAX**

Certified Birth Certificates will only be issued to the following applicants:

- Individual named on the birth record provided they are 18 years of age or older
- Natural Birth Parent
- Legal Guardians with supporting Court Documentation
- Attorney may request a certified copy with proper written request

IDENTIFICATION MUST BE PROVIDED – Acceptable forms of Identification are: If your name (first, last or both) is different than what is on your Birth Certificate, you must provide legal documentation to prove the name change (i.e. marriage transcript, final judgement of divorce, certified copy of legal name change).

- Current Driver's License
- Current Non-Driver's Photo ID
- Passport
- Naturalization Papers
- Military ID
- Employer's Photo ID
- NYS Benefit Card with Photo
- Police Report of lost or stolen ID

If circumstances do not allow you to apply in person, we will honor requests received through the mail. You may print the Application for a copy of the Birth Record and mail it along with a copy of unexpired Identification and a Money Order payable to the Newfane Town Clerk for the amount required. The fee for each Certified Copy is \$10.00. **PLEASE NOTE WE REQUIRE THE SIGNATURE OF THE APPLICANT ON THE APPLICATION TO BE NOTARIZED.**

Or you may write a letter of request which should include

1. Individual's full name as it appears on the record
 - date of birth
 - mother's full maiden name
 - father's full name
 - reason for the request
 - current address
 - contact telephone number

THE LETTER MUST BE SIGNED AND NOTARIZED

2. copy of current Driver's License or copy of acceptable form of Identification
3. Money Order payable to the Newfane Town Clerk - \$10.00 for each copy

mail to the Newfane Town Clerk, 2737 Main Street, Newfane, NY, 14108

If you need further assistance, please call the Town Clerk's Office at 716-778-8822 option 2

Fee: County Districts - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification

Identification Requirements: Application *must* be submitted with copies of either A or B.
(Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.)
A. One (1) of the following forms of valid **photo-ID**: **-OR-** B. Two (2) of the following showing the applicant's name and address:

- Driver license
- Non-driver photo-ID card
- Passport
- U.S. military issued photo-ID
- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

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

Town, city or village where birth occurred:	Name of hospital where birth occurred: <i>(If known)</i>

Maiden Name of Mother: <i>(as listed on birth certificate)</i>			Local Registration No.: <i>(If known)</i>
<i>First</i>	<i>Middle</i>	<i>Maiden Last</i>	

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

Purpose for which Record is Required: *(Check one)*

<input type="checkbox"/> Passport	<input type="checkbox"/> Employment	<input type="checkbox"/> Driver 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"/> Other <i>(specify)</i> _____			

If request is not from child/parents named on the requested certificate, notarized authorization is required.

What is your relationship to person whose record is required? <i>(If self, state "SELF".)</i>	If attorney, give name and relationship of your client to person whose record is required:

Signature of Applicant:	Date Signed:				
	Month	Day	Year		
Address of Applicant:					
<i>(Applicant's Name)</i>					
<i>(Street)</i>					
<i>(City)</i>		<i>(State)</i>	<i>(Zip)</i>		
Telephone No.: () _____					

FOR REGISTRAR'S USE ONLY
(Photocopy ID and attach to application form)

Type of ID:

Driver License

Issuing state: _____

Expiration date: _____

Number: _____

Other ID, Specify

Number: _____

Type: _____

Number: _____

Type: _____