



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 6. Employee ID with photo
2. Public benefit card 7. MTA reduced-fare MetroCard with photo
3. U.S. or foreign passport 8. Student photo ID with transcript from verified institution
4. U.S. certificate of naturalization 9. Inmate photo ID
5. Military 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 5. College, university or high school records
2. Social Security or Medicare card 6. Recent employment pay stubs
3. Public benefit card 7. Proof of address from a government agency or utility company
4. Marriage certificate or divorce decree

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

(Signature of attorney) (Date)
[] DOHMH accept [] DOHMH reject Staff initials _____ Date _____