

REQUEST FOR CERTIFICATION OF BIRTH
(LDSS to New York State Department of Health, Office of Vital Records)

New York State Department of Health
Certification Unit
Vital Records Section/2nd Floor
800 North Pearl Street
Albany, NY 12204

DATE: _____

NAME OF APPLICANT: _____

CASE NUMBER: _____
(LDSS office use only)

TO WHOM IT MAY CONCERN:

Please provide a birth certificate, or a certified copy thereof, that a record of this individual's birth is on file to allow us to provide services from this agency.

<p>(Name) _____, who states he/she was born on ____/____/____, in _____, New York.</p> <p>His/her mother's maiden name was: _____</p> <p>His/her father's name was: _____</p> <p>Signature of Client/Authorized Representative: _____ Date: _____</p>

Please return this form **and** the birth certificate (or a certified copy) in the enclosed postage-paid envelope and mail it to the Local Department Social Services at the address indicated below:

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WORKER	PROGRAM/SECTION	PHONE NUMBER
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