

**BIRTH CERTIFICATE APPLICATION
MONROE COUNTY, ROCHESTER, NY - DISTRICT 2700**

BIRTH NAME:

DATE OF BIRTH:

**MOTHER'S FULL
MAIDEN NAME:**

FATHER'S NAME:

NUMBER OF COPIES:

**** Certified copies are \$30 each. (ex. 2 copies = \$60) Please send check or money order only. DO NOT MAIL CASH**

PLEASE CHOOSE: **TRANSCRIPT (Recommended for anyone over 18 for security purposes. Passports, Enhanced License and Marriage License)**
FULL IMAGE (Minors and Dual Citizenship)

APPLICANT INFORMATION

APPLICANT'S NAME:

RELATIONSHIP: **SELF** **PARENT**
 POA/GUARDIAN **AGENCY**

STREET ADDRESS:

CITY, STATE, ZIP

PHONE NUMBER:

SHIPPING: **USPS First Class Mail - No Charge**
 USPS Priority Mail Flat Rate - \$10.00 additional
 UPS Overnight Delivery - \$30.00 additional

In order to process your request you must submit the completed application along with a copy of your photo ID and a check or money order for \$30 (per copy requested) plus any additional shipping charges if applicable to:

Monroe County Vital Records
111 Westfall Road - Room 147
Rochester, NY 14620
Attn: Birth Record Request

Incomplete applications will delay your order. If you have any questions about your order, please contact our office at (585) 753-5141.
