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**Information Page - Mail-in Application for Copy of Birth Certificate**

**General Instructions:**

- Do not use this application for fax requests.
- Use this application if you are the person named on the birth certificate or that person's parents.
- Use this application only if the birth occurred in MONROE COUNTY.
- Do not use this application for genealogy requests.
- Print a copy of this application and sign it.
- Mail application with the check or money order payable to: Monroe County Vital Records to:

Monroe County Vital Records  
P.O. Box 92832  
111 Westfall Road, Room 147  
Rochester, New York 14692

**Identification Requirements - Application must be submitted with a copy of either A or B:**

Note: Copy of passport 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:

- Driver license
- Non-driver Photo ID
- Passport
- Other government issued photo-ID

B. Two (2) of the following showing the applicant's name and address:

- Utility or telephone bill
- Letter from a government agency dated within the last six months

**Fees: If no record is on file, a No Record Certification is issued and the fee will not be refunded.**

**\$30.00 per certified copy payable by check or money order payable to Monroe County Vital Records**

**Processing Time**

- Most requests are handled within a week of receipt. For faster service you may choose to submit your request by phone or online at [www.monroecounty.gov](http://www.monroecounty.gov)

**Completing the form:**

- If you are using Adobe Reader 5.0 or higher (available for free at [www.adobe.com](http://www.adobe.com)) you can fill in the form directly using the TAB key to move to the next field. Print the completed form, sign and mail it to the above address.
- You can print the form directly and type or print the required information.
- Be sure to sign the form before mailing and include your payment along with any of the required documentation.

**CERTIFICATE INFORMATION**

Name on Certificate:

Date of Birth:  Hospital of Birth:

Village, City or Town:  COUNTY OF MONROE

Father's Name:  Mother's Full Maiden Name:

Number of Copies Requested:  Local Registration Number:

For what purpose are you obtaining the record? (Check One):

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Passport                | <input type="checkbox"/> Social Security - SSI | <input type="checkbox"/> Social Security - Retire | <input type="checkbox"/> Retirement         |
| <input type="checkbox"/> Employment              | <input type="checkbox"/> Marriage License      | <input type="checkbox"/> Driver's License         | <input type="checkbox"/> Working Papers     |
| <input type="checkbox"/> Enhanced Driver License | <input type="checkbox"/> School Entrance       | <input type="checkbox"/> Welfare Assistance       | <input type="checkbox"/> Veteran's Benefits |
| <input type="checkbox"/> Court Proceeding        | <input type="checkbox"/> Armed Forces          | <input type="checkbox"/> Other (please specify):  | <input type="text"/>                        |

**APPLICANT INFORMATION**

Applicant's Name:

What is your relationship to the person whose record is being requested?

- Self       Parent       Other (please specify):

If attorney, give name and relationship of your client to record holder:

Address:

City, State Zip:

Phone Number:  Date:

Signature:

**FOR REGISTRAR'S USE ONLY**

ID Enclosed      Type of ID:       State / Number:

Issued By:  Sent On: