

## Adoptee Application for Copy of Pre-Adoption Birth Certificate

DO NOT USE to request current (post-adoption) birth certificate for official use, such as obtaining a passport or driver license.

DO NOT USE this application if the birth occurred within the five boroughs of New York City.

USE this application if you were adopted and want a copy of your pre-adoption birth certificate.

Photocopy of required identification documents must be sent with this application. If available, include a photocopy of current (post-adoption) birth certificate. Also enclose a check or money order payable to the New York State Department of Health.

<p><b>For expedited service, order online at:</b></p> <p style="font-size: 1.2em; font-weight: bold;"><i>www.VitalChek.com</i></p> <p>or call VitalChek Network, Inc. at</p> <p style="font-size: 1.2em; font-weight: bold;">877-456-7747</p>	<p>If requesting by mail:</p> <p>Enclose \$45 per copy via check or money order payable to the New York State Department of Health</p> <p>Send to: New York State Department of Health Bureau of Vital Records, PAC Unit PO Box 2602 Albany, NY 12220-2602</p>
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Adopted Name: as listed on current (post-adoption) birth certificate <small>First Middle Last</small>	Date of Birth: <small>mm/dd/yyyy</small>
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Town, city or village of birth:	Birth Certificate Number: (if known)
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Pre-Marriage Name of Adoptive Mother/Parent: (as listed on adoptee's current (post-adoption) birth certificate) <small>First Middle Last</small>
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Pre-Marriage Name of Adoptive Father/Parent: (as listed on adoptee's current (post-adoption) birth certificate) <small>First Middle Last</small>
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**Adoptee MUST complete and sign the box below.**

<b>Applicant</b>  Name <small>Print</small>	Certified Copy: \$45.00 x _____ Copies = \$ _____
Signature  Date Signed <small>mm/dd/yyyy</small>	<b>Name and address where record should be sent:</b> NOTE: If delivery is to a P.O. Box, or to a third party, you must enclose a notarized statement signed by the applicant AND a copy of the applicant's government issued identification.
Street Address <small>Street / Apt (No PO Box)</small>	Name <small>Print</small>
City State Zip	Mailing Address
Telephone Number: (        )	City State Zip

**Instructions**

**This application should be used by an adoptee to request a copy of their original (pre-adoption) birth certificate.**

DO NOT USE this application to request a copy of your current (post-adoption) birth certificate for official purposes, such as applying for a passport or driver license.

DO NOT USE this application if the birth occurred within the five boroughs of New York City. Contact the New York City Department of Health and Mental Hygiene for ordering information.

NYC Web site: <http://www.nyc.gov/vitalrecords>

USE this application if you were adopted and want a copy of your pre-adoption birth certificate.

- Complete the application with your adopted name from your current (post-adoption) birth certificate.
- You should not put your birth name or birth parents' names on the application, even if you know them. To find your record, we require your adopted information.
- When entering parents' names, enter your adoptive parents' names as they appear on your current (post-adoption) birth certificate.
- In the address and signature box, provide your current legal name (married name) and current mailing address.

**Include Identification With Your Application**

**Identification is required. Send a photocopy of one from list A or original of two documents from list B.**

**List A**

Send a **photocopy** of one of the documents listed. The document must include your photo and signature. It cannot be expired.

- Driver license
- State issued Non-driver ID Card
- Passport
- Other government issued photo ID with signature and expiration date

**List B**

If you do not have one of the documents in List A, you must send two **original** documents from List B. Each must show your current name and address. They must be from two different companies and/or agencies. They must be dated within the last six months.

- Utility bill
- Telephone bill
- Letter from a government agency dated within the last 6 months

**Fees:** If no adoption is on file, you will receive a notification of no record instead of a birth certificate. The fee is not refunded.

- The fee is \$45.00 per copy.
- Send a check or money order payable to the New York State Department of Health. Do not send cash.
- Payment from outside of the United States must be made by check drawn on a U.S. bank or by international money order.

**How to Mail the Application**

**For expedited service, order online at:**

***www.VitalChek.com***

**or call VitalChek Network, Inc. at**

**877-456-7747**

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Enclose \$45 per copy via check or money order payable to the New York State Department of Health

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