

**MAIL ALL REQUESTS TO:**

**Office of the City Clerk  
198 N. Washington St.  
Rome, NY 13440**

**Information needed to obtain a Birth Certificate:**

- **Application** or **letter of request** is required.
- **Letter of request must include:** Name at birth, date of birth, mother's name (*first, full middle, maiden name*), father's name (*first, full middle, last name*), reason why you need the birth certificate, and signature of applicant.
- **Identification:** copy of applicant's **valid** driver's license or state issued identification card is required (current mailing address must match the address listed on applicant's identification). If you do not have a valid driver's license, please contact our office for other acceptable forms of identification.
- **Payment:** Money Order **only** - \$10.00 per copy - made payable to **Rome City Clerk**
- **Processing:** The return mail policy is within 2 days upon receipt of the request. *Please include a self-addressed stamped envelope with your request.* If applicant's return address is a Post Office Box, a notarized signed consent of the person named on the birth or other person eligible to obtain the copy is required.

## Application to Local Registrar For Copy of Birth Record

First                  Middle                  Last			Date of Birth					
Name			M M		D D		Y Y Y Y	
Place of Birth			Village, Town or City				County	
Hospital (if not hospital, give street & number)								
First                  Middle                  Last			Mother's Maiden Name		First                  Middle                  Last			
Father's Name								
Number of Copies Requested		Enter Birth No. if Known			Enter Local Registration No. if Known			
Purpose for which Record is Required (Check One)	<input type="checkbox"/> Passport <input type="checkbox"/> Social Security-Retirement <input type="checkbox"/> Social Security SSI <input type="checkbox"/> Retirement <input type="checkbox"/> Employment		<input type="checkbox"/> Working Papers <input type="checkbox"/> School Entrance <input type="checkbox"/> Driver's License <input type="checkbox"/> Marriage License		<input type="checkbox"/> Welfare Assistance <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Court Proceeding <input type="checkbox"/> Entrance into Armed Forces			
	<input type="checkbox"/> Other (specify) _____							
First                  Middle                  Last			If attorney, give name and relationship of your client to person whose record is required					
Name								
What is your relationship to person whose record is required?			Name of Client _____ Relationship _____					
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____								
Telephone No. ( _____ ) _____ - _____								
			<b>FOR REGISTRAR'S USE ONLY</b>					
Signature of Applicant			TYPE OF ID (Photocopy ID and attach to application form)					
Date			<input type="checkbox"/> Driver's License State _____ No. _____					
M M      D D      Y Y			<input type="checkbox"/> Other ID, specify _____ No. _____					
Address of Applicant								
Street								
City			State		Zip Code			

**TYPES OF ACCEPTABLE IDENTIFICATION**

- |                          |  |
|--------------------------|--|
| 1. Driver's license      | 5. Military ID   |
| 2. Non-driver's license  | 6. Employer's Photo ID                                     |
| 3. Passport              | 7. Two utility bills, showing applicant's name and address |
| 4. Naturalization Papers | 8. Police report of lost or stolen ID                      |

**DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED**      DOH-296A (11/94)