

Birth Certificates

- If a person was born in Cuba, the certificate will be on file in this office. The record is always on file in the City/Village/Town the birth occurred.
- Copies are available to the child named on the certificate, if 18 years of age or older, to one or both parents named on the certificate, to the child's legal guardian, with documentation, if the child is younger than 18 years of age, to the lawful representative of the person named, with documentation, or the parents of the person named on the birth certificate. More situations do apply. If needed, call the local registrar for clarification.

When requesting a certificate, please include identification such as (choose one)

- Driver's license
- Non-driver's license
- Passport
- Naturalization Papers
- Military ID
- Employer's Photo ID
- TWO utility bills, showing applicant's name and address
- TWO letters from a government agency dated within the last 6 months
- Police report of lost or stolen ID

Copies will not be issued unless one of the above types of identification is presented.

Send application, identification, a self-addressed, stamped envelope, and a check or money order (\$10 per copy) payable to Cuba Town Clerk, and mail to Cuba Town Clerk, 15 Water St., Cuba, NY 14727.

If you are researching for Genealogy, there is a separate form for that and if this application is submitted, it will be returned to you with the proper form and request for proper payment.

**NEW YORK STATE DEPARTMENT OF HEALTH
VITAL RECORDS SECTION**

**Application to Local Registrar
for Copy of Birth Record**

Fee: Monroe County - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification

Identification Requirements: Application *must* be submitted with copies of either A or B.
(Note: Copy of Passport required 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**: **-OR-** B. Two (2) of the following showing the applicant's name and address:

- Driver license
- Non-driver photo-ID card
- Passport
- Employment ID
- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

Name: <i>(as listed on birth certificate)</i>			Date of Birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>(mm / dd / yyyy)</i>

Town, city or village where birth occurred:	Name of hospital where birth occurred: <i>(If known)</i>
<input type="text"/>	<input type="text"/>

Maiden Name of Mother: <i>(as listed on birth certificate)</i>	Local Registration No.: <i>(If known)</i>
<input type="text"/>	<input type="text"/>
<i>First</i>	<i>Maiden Last</i>

Father: <i>(as listed on birth certificate)</i>	Number of Copies Requested:
<input type="text"/>	<input type="text"/>
<i>First</i>	

Purpose for which Record is Required: *(Check one)*

<input type="checkbox"/> Passport	<input type="checkbox"/> Employment	<input type="checkbox"/> Driver license	<input type="checkbox"/> Veteran's benefits
<input type="checkbox"/> Social Security	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Marriage license	<input type="checkbox"/> Court proceeding
<input type="checkbox"/> Retirement	<input type="checkbox"/> School entrance	<input type="checkbox"/> Welfare assistance	<input type="checkbox"/> Entrance into Armed Forces
<input type="checkbox"/> Other <i>(specify)</i> <input type="text"/>			

If request is not from child/parents named on the requested certificate, notarized authorization is required.

What is your relationship to person whose record is required? <i>(If self, state "SELF".)</i>	If attorney, give name and relationship of your client to person whose record is required:
<input type="text"/>	<input type="text"/>

Signature of Applicant: Date Signed: Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	<p style="text-align: center;">FOR REGISTRAR'S USE ONLY <i>(Photocopy ID and attach to application form)</i></p> Type of ID: <input type="checkbox"/> Driver License Issuing state: _____ Expiration date: _____ Number: _____ <input type="checkbox"/> Other ID, Specify Number: _____ Type: _____ Number: _____ Type: _____
Address of Applicant: <input type="text"/> <i>(Applicant's Name)</i> <input type="text"/> <i>(Street)</i> <input type="text"/> <input type="text"/> <input type="text"/> <i>(City) (State) (Zip)</i> Telephone No.: (<input type="text"/>) <input type="text"/>	