

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

DO NOT USE if you are the adoptee and you are seeking your own pre-adoption birth certificate. Instead, use the Adoptee Application for Copy of Pre-Adoption Birth Certificate (DOH-5299).

USE this application if you are a direct line descendant (child, grandchild, great-grandchild, etc.) of an adoptee born in New York State (outside of New York City), the adoptee is deceased and you are applying for a copy of the adoptee's pre-adoption birth certificate.

Required identification for the applicant must be sent with this application along with a copy of the adoptee's death certificate and documentation of relationship to the adoptee. See instruction page for details.

<p>Mail completed application and documents: 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>	<p>FOR OFFICE USE ONLY</p>
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<p>Adoptee Name: as listed on most recent (post-adoption) birth certificate <small>First Middle Last</small></p>	<p>Date of Birth: mm/dd/yyyy</p>
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<p>Town, city or village of birth:</p>	<p>Birth Certificate Number: (if known)</p>
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<p>Pre-Marriage Name of Adoptive Mother/Parent: (as listed on adoptee's most recent (post-adoption) birth certificate) <small>First Middle Last</small></p>	<p>Applicant's relationship to adoptee: (child, grandchild, great-grandchild, etc.)</p>
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<p>Pre-Marriage Name of Adoptive Father/Parent: (as listed on adoptee's most recent (post-adoption) birth certificate) <small>First Middle Last</small></p>	
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Applicant MUST complete and sign the box below.

<p>Applicant Attestation: By signing, I attest that I am a direct line descendant of the adoptee whose birth certificate is being requested with this application.</p>	<p>Certified Copy: \$45.00 x _____ Copies = \$ _____</p>
<p>Name Print</p>	<p>Name and address where record should be sent: 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.</p>
<p>Signature Date Signed mm/dd/yyyy</p>	
<p>Street Address Street / Apt (No PO Box)</p>	<p>Name Print</p>
<p>City State Zip</p>	<p>Mailing Address</p>
<p>Telephone Number: ()</p>	<p>City State Zip</p>

Instructions

This application should be used only by a direct line descendant of an adoptee to request a copy of the adoptee's original (pre-adoption) birth certificate.

DO NOT USE if you are the adoptee and you are seeking your own pre-adoption birth certificate. Instead, use the Adoptee Application for Copy of Pre-Adoption Birth Certificate (DOH-5299).

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 are a direct line descendant (child, grandchild, great-grandchild, etc.) of an adoptee born in New York State (outside of New York City), the adoptee is deceased and you are applying for a copy of the adoptee's pre-adoption birth certificate.

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

Documentation of Direct Line Descent From Adoptee to Applicant

- Applicant must provide photocopy of adoptee's death certificate.
- Applicant must provide documentation of direct line descent from the adoptee. Direct line descent is parent to child to grandchild, etc.
- If the adoptee is your parent, include a photocopy of your birth certificate showing adoptee as your parent.
- If the adoptee is a grandparent, great-grandparent, etc., you will need to provide a photocopy of record(s) showing the line of descent from adoptee to applicant (such as birth, death records).
- If there are any name changes in the line of descent you will also need to provide photocopies of marriage records, name change orders or other records to show direct line descent.

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

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

Send to: New York State Department of Health
Bureau of Vital Records, PAC Unit
PO Box 2602
Albany, NY 12220-2602