



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr. P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

New York State Public Health Law Section 4138a provides for the New York State Department of Health to prepare a Certificate of Birth Data for a foreign born child, who is **under the age of eighteen** and adopted by New York State residents. The Certificate of Birth Data provides *prima facie* evidence of the stated facts for school entrance, employment certificates and in New York State courts of law. It cannot be used as proof of United States citizenship and contains the statement: "**This Certificate is not Proof of United States Citizenship.**"

To obtain a Certificate of Birth Data for your child, return this letter with the form on the reverse side completed. Include the documents listed below and \$30.00 to cover the fee for one certified copy. Additional copies may be requested at \$30.00 each.

- A. If the adoption was granted by a New York State Court, please send us the Certificate of Adoption or Report of Adoption bearing the raised seal.
- B. If the adoption was granted by a court outside New York State, please send:
 - 1. The Judgment, Order, Decree or Resolution of Adoption in the language of the country where the child was adopted and a certified English translation.
 - 2. Child's Alien Registration Receipt Card, Passport stamped by INS or Naturalization Certificate.
 - 3. Copy of the birth certificate from the country of birth filed with the Immigration and Naturalization Service with a certified English translation.
 - 4. Proof of New York State residency **at the time of the adoption**. Such as: a driver's license, residential phone bill, electric bill or W-2 Tax form. **We cannot accept a P. O. Box as proof of NYS residency.**
 - 5. A court certified Order of Name Change bearing the raised seal of the Court, if you want the child to have a name other than the name ordered by the Court of Adoption. In lieu of such order, you may submit a copy of the Certificate of Citizenship showing the new name.

Original documents will be returned. Photocopies of original documents are acceptable, but will not be returned. When signing this form you are affirming that, "**Under penalty of perjury, we the undersigned, affirm that the enclosed documents are true and exact copies of the originals.**" If you have any questions, please call (518) 474-2013.

Thank you,

New York State Department of Health
Vital Records Section/Amendment Unit
P.O. Box 2602
Albany, New York 12220-2602

Enclosure

Complete name of child after adoption _____ Sex _____
Date of birth (month/day/year) _____ Place of birth _____

Mother by adoption

Complete maiden name _____
Age at time of child's birth _____ Date of birth (month/day/year) _____
State of birth (country if not U.S.A.) _____ Social Security Number _____

Father by adoption

Complete name _____
Age at time of child's birth _____ Date of birth (month/day/year) _____
State of birth (country if not U.S.A.) _____ Social Security Number _____

Residence at time of adoption

State _____ County _____
City, town or village _____ Street address _____
If city or village, did you reside within the corporate limits? Yes No
If no, in what town did you reside? _____

Parent's mailing address

Street _____
City, town or village _____ State _____ Zip _____

Documents

List documents attached _____

Affirmation

Under penalty of perjury, we, the undersigned, affirm that the statements and photocopies herein are true.

Date _____ Signature of mother by adoption _____

Date _____ Signature of father by adoption _____