



# Onondaga County Health Department

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## Letter of Authorization for Birth Certificate(s)

**NOTE: Only the persons listed on the birth certificate- child, mother, or father- are eligible to give written authorization**

Authorizing party must fill out all fields:

I, \_\_\_\_\_, authorize \_\_\_\_\_ to obtain \_\_\_\_\_ copy/copies  
of a certified birth certificate for \_\_\_\_\_

Birth Certificate Information:

Name at birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Father's full name: \_\_\_\_\_

Mother's full MAIDEN name: \_\_\_\_\_

Reason birth certificate needed: \_\_\_\_\_

Relationship to person on birth certificate: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IDENTIFICATION IS REQUIRED** of both the authorizing person and person being authorized.

*Acceptable forms of identification are:* One (1) photo I.D. **with** signature  
**OR**  
Two (2) signature I.D.s  
**OR**  
Notarized signature