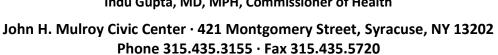


Onondaga County Health Department

J. Ryan McMahon II, County Executive Indu Gupta, MD, MPH, Commissioner of Health





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 fil	ii out aii fieids:	
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 cer	tificate:		_
Signature:		Date:	
IDENTIFICATION IS REQUIR	RED of both the autho	rizing person and person bein	g authorized.
			
Acceptable forms of identification		oto I.D. with signature	
		gnature I.D.s	
	Notarized		