



登记投票:

Register to vote:

<http://www.nycctfb.info/nyc-votes/registering/>

人口普查办公室 (Office of Vital Records)
125 Worth Street, CN-4, Room 133
New York, N.Y. 10013-4090

请参见下面的内容以及第 3 页和第 4 页的说明与相关费用
SEE INSTRUCTIONS AND APPLICABLE FEES BELOW AND ON PAGES 3 AND 4

出生证明申请 BIRTH CERTIFICATE APPLICATION

(请用英文正楷填写尽可能多的信息。递交用其他语言填写的申请表可能需要较长的时间来处理。)

(Please print clearly and fill out as much information in English as you can. Forms submitted in other languages might take longer to process.)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. 出生证明上的姓氏 / LAST NAME ON BIRTH CERTIFICATE | | 2. 名字 / FIRST NAME | | 3. <input type="radio"/> 女 / FEMALE <input type="radio"/> 男 / MALE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4a. 如果您知道准确的出生日期 / IF YOU KNOW THE EXACT DATE OF BIRTH <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> 月月 日日 年年年年 MM DD YYYY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 4b. 如果您不知道准确的出生日期 / IF YOU DON'T KNOW THE EXACT DATE OF BIRTH 开始搜寻日期: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> BEGIN SEARCH 月月 日日 年年年年 MM DD YYYY 结束搜寻日期: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> END SEARCH 月月 日日 年年年年 MM DD YYYY | | | | | | | | | | | | | | | | | | 请参见下文以了解费用信息 / SEE BELOW FOR FEE INFORMATION | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. 出生医院的名称或出生地址 / NAME OF HOSPITAL OR ADDRESS WHERE BORN | | | 6. 出生地行政区 / BOROUGH WHERE BORN 曼哈顿 <input type="radio"/> 布朗士 <input type="radio"/> 布鲁克林 <input type="radio"/> 皇后区 <input type="radio"/> 史丹顿岛 <input type="radio"/> MAN <input type="radio"/> BRONX <input type="radio"/> BKLYN <input type="radio"/> QUEENS <input type="radio"/> SI <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. 母亲/监护人在首次结婚前的姓名 (婚前姓氏) : / MOTHER/PARENT'S NAME PRIOR TO FIRST MARRIAGE (MAIDEN NAME): 名字 / FIRST 姓氏 / LAST | | | 8. 出生证明编号 (如果知道) / BIRTH CERTIFICATE NUMBER (if known) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. 父亲/监护人在首次结婚前的姓名 / FATHER/PARENT'S NAME PRIOR TO FIRST MARRIAGE 名字 / FIRST 姓氏 / LAST | | | 10. 您为什么需要这份出生证明? / WHY DO YOU NEED THIS BIRTH CERTIFICATE? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. 您是否需要官方印鉴信函? / DO YOU NEED A LETTER OF EXEMPLIFICATION? <input type="radio"/> 是 / Yes <input type="radio"/> 否 / No | 12. 您需要几份副本? / HOW MANY COPIES DO YOU NEED? 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 0 | 13. 您与这份出生证明的主人是什么关系? / HOW ARE YOU RELATED TO THE PERSON ON THIS BIRTH CERTIFICATE? 本人/父母/其他 (请说明) / SELF/PARENT/OTHER (please explain) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 请在下方以正楷清楚填写您的邮寄和联系信息 / PLEASE PRINT YOUR MAILING AND CONTACT INFORMATION CLEARLY BELOW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 / NAME | | 日间联系电话 / DAYTIME PHONE NUMBER <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> 区号 / Area Code 电话号码 / Telephone Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 街道地址 / STREET ADDRESS | | 门牌号 / APT. NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 城市 / CITY | | 州 / STATE | | 邮编 / ZIP CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 电子邮件地址 / E-MAIL ADDRESS <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注意: 出生证明的副本仅可发放给经证明有关的成年个人、该人士的父母或公众服务组织。在申请中做出虚假、不实或误导性陈述或者伪造他人签名属违法行为。此类违法行为为属轻罪, 可处以最高 2,000 美元的罚款。 NOTE: Copy of a birth record can be issued only to persons to whom the record of birth relates, if of age, or to a parent or human service organizations. It is a violation of law to make a false, untrue or misleading statement or forge the signature of another on this application. Violations are a misdemeanor punishable by a fine of up to \$2,000. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|--|--------------------|
| 14. 客户签名及日期 / CUSTOMER SIGNATURE AND DATE 签名 / SIGNATURE: _____ 日期 / DATE: _____ | 15. 客户备注/附加信息 / CUSTOMER COMMENTS/ADDITIONAL INFORMATION <p style="text-align: center;"><i>FOR NOTARY PUBLIC USE ONLY</i> <i>(仅用于公证)</i></p> | |
| 费用 / FEES 15 美元/份 x _____ 份 _____ 美元 \$15 per copy x copies 核证副本的费用包含连续两年的搜索费用 Cost of certified copy includes a two consecutive year search 两年后, 每年搜索费用 3 美元 x _____ 年 _____ 美元 \$3 for each extra year searched x years 所含总额: _____ 美元 Total Amount Enclosed: 如果记录未存档, 将发放经核证的“未找到记录声明”。 不接受邮寄和面交现金。 IF RECORD IS NOT ON FILE, A CERTIFIED "NOT FOUND STATEMENT" WILL BE ISSUED. CASH IS NOT ACCEPTED BY MAIL OR IN PERSON. | APPLICATIONS SUBMITTED BY MAIL MUST BE NOTARIZED STATE OF _____ COUNTY OF _____ SUBSCRIBED AND SWORN BEFORE ME: THIS _____ DAY OF _____, 20 ____ _____ NOTARY PUBLIC SIGNATURE | NOTARY PUBLIC SEAL |

**如需快速安全地申请出生证明, 请访问 WWW.NYC.GOV/VITALRECORDS
ORDER BIRTH CERTIFICATES QUICKLY AND SECURELY AT WWW.NYC.GOV/VITALRECORDS**

出生证明重要信息

- 如果您年满 18 周岁，可以使用当前身份证明为自己或您的孩子获取出生证明。有关律师代表客户提交申请的详细说明，请访问 www.nyc.gov/vitalrecords。
- 为获取出生证明而篡改信息（包括伪造签名）属轻罪，违反者每次可处以最高 2,000 美元的罚款。
- 邮寄申请不接受信用卡付款。如果从其他国家/地区寄送申请，请发送国际汇票。
- 所有当面提交的长表格/库抄本申请需要 10–15 天方能处理妥当。
- 处理邮寄申请需要大约 15 天。有关当前处理时间，请访问 www.nyc.gov/vitalrecords。

申请纽约市出生证明的 3 种方式

- **在线：**访问 www.nyc.gov/vitalrecords，使用信用卡、借记卡或电子支票进行订购。工作日期间我们将在 24 小时内处理在线订单，并提供 UPS 邮件速递服务。
- **来访：**前往位于下曼哈顿区的 125 Worth Street，从 Lafayette Street（无障碍通道）或 Centre Street 入口进入。我们的工作时间为周一至周五上午 9:00 至下午 3:30。早上排队的人最少。请参见下文的身份证明要求。
- **邮寄：**所有邮寄申请必须经过公证。请将您的申请邮寄至 125 Worth Street, CN-4, New York, NY 10013。请务必将支付的支票或汇票（抬头为“NYC Department of Health and Mental Hygiene”）与一枚贴上邮票的回邮信封一同寄送给我们。您必须提供第 1 类身份证明的复印件或 2 类身份证明的原件副本（参见下文）。

为您或您的孩子获取出生证明时的身份证明 (ID) 要求。

第 1 类：身份证明文件。如当面订购，您在大多数情况下可以带走短表格证明，除非您需要长表格证明。

请提供以下任意身份证明，必须包含您的照片和签名且未过期：

- 任何州或美国领土的驾驶证或非驾驶员身份证
- 公共福利卡
- 美国或外国护照
- 美国入籍证明
- 军人身份证
- 附照片、可核实的雇主和近期工资单的员工识别证
- MTA 优惠地铁卡
- 由可核实之认证机构颁发的学生证和当前成绩单
- 附释放文件和附照片的服刑人员身份证

第 2 类：地址证明。如果没有以上任何身份证明，您可以提供如下所述的地址证明。我们会将您的证明邮寄到您提供的文件上所述的地址。

开具日期为过去 60 天内的两种不同文件（如果其中列有您的姓名和地址）

- 水电费账单（可从提供商处下载在线账单）
- 政府机构信函

如果您无法提供第 1 类和第 2 类身份证明，请通过 nycdohvr@health.nyc.gov 联系人口登记处。

IMPORTANT BIRTH CERTIFICATE INFORMATION

- You can obtain a birth certificate for yourself if you are at least 18 years old, or for your child, with current identification. Detailed instructions for attorneys submitting requests on behalf of their clients are available online at www.nyc.gov/vitalrecords.
 - Falsifying information, including forging a signature, to obtain a birth certificate is a misdemeanor and violators may also be subject to a fine of up to \$2,000 per violation.
 - Credit cards are not accepted for mail-in orders. If from a foreign country, send an international money order.
 - Please allow 10–15 days processing time for all long form/vault certificate orders submitted in person.
 - Processing of mailed applications takes approximately 15 days. Check current times at www.nyc.gov/vitalrecords.
-

3 WAYS TO ORDER A NEW YORK CITY BIRTH CERTIFICATE

- **Online:** Visit www.nyc.gov/vitalrecords to order using a credit card, debit card, or electronic check. Online orders are processed within 24 hours on weekdays, and UPS express mail delivery is available.
 - **Walk-In:** Go to 125 Worth Street in Lower Manhattan and use the Lafayette Street (handicapped accessible) or Centre Street entrances. We are open Monday through Friday 9:00AM – 3:30PM. Lines are shortest in the morning. Please see identification requirements below.
 - **By Mail:** All mailed applications must be notarized. Mail your application to 125 Worth Street, CN-4, New York, NY 10013. Be sure to include a self-addressed, stamped, envelope with your check or money order payable to the NYC Department of Health and Mental Hygiene. You must provide a photocopy of Category 1 identification or original copies of identification from Category 2 (*see below*).
-

Identification (ID) Requirements to get a Birth Certificate for you or your child.

Category 1: Identity documents. If you order in person you can leave with your short form certificate in most cases, unless you require a long form certificate.

Provide any of the following, if it includes your photo, your signature and is unexpired:

- Driver's License or non-driver's ID from any state or U.S. territory
- Public benefit card
- U.S. or foreign passport
- U.S. certificate of naturalization
- Military ID card
- Employee ID with photo, verifiable employer and recent pay stub
- MTA reduced-fare Metro Card
- Student ID and current transcript from accredited and verifiable institution
- Inmate photo ID with release papers

Category 2: Proof of address. If you do not have any of the above, you may provide proof of address as described below. Your certificate will be mailed to address on documents provided.

Two different documents dated within the past 60 days, if they show your name and address

- Utility bills (online bills can be downloaded from your provider)
- Letter from a government agency

If you cannot provide Category 1 or 2 identification, please contact Vital Records at nycdohvr@health.nyc.gov.
