

**TO:** Local District Commissioners, Medicaid Directors, and Services Directors

**FROM:** Judith Arnold, Director  
Division of Coverage and Enrollment

**SUBJECT:** Policy Changes Regarding Verification of Birth Records and Birth Certificate Request Letters

**Attachment:** Attachment A: Request for Certification of Birth: LDSS to New York State Department of Health, Office of Vital Records  
Attachment B: Request for Certification of Birth: LDSS to NYCDOHMH (individuals born in NYC)  
Attachment C: Request for Certification of Birth: Upstate LDSS to Out-of-State

**EFFECTIVE DATE:** Immediately

**CONTACT PERSON:** Local District Support Unit  
Upstate (518)474-8887 NYC(212) 417-4500

The purpose of this General Information System (GIS) message is to provide Local Departments of Social Services with revised agency letters that are to be used when requesting verification of birth records.

#### **Birth Certificate Request Forms**

A Dear Commissioner Letter was released on 12/11/06 with three form letters attached. The purpose of the form letters was to provide statewide language for Local Departments of Social Services (LDSS) to use on their agency letterhead when requesting verification of birth records. LDSS should be providing these request forms on agency letterhead, with the appropriate return address annotated in the box provided on the form, to Facilitated Enrollers (FEs) and Family Planning Benefit Program (FPBP) providers with whom they are operating under a Memorandum of Understanding (MOU). The three form letters have been revised and are attached to this message. Instructions for using these forms are detailed below.

#### **Attachment A: Request for Certification of Birth: LDSS to New York State Department of Health, Office of Vital Records**

This form is to be used by LDSS to request birth certificate verification from New York State Department of Health, Office of Vital Records for individuals **born within New York State** (not including New York City born individuals). LDSS, FEs and FPBP providers must submit completed requests on this form to the NYS Vital Records Office in Albany. As long as the request is on official county letterhead, there is no fee required. If an applicant submits a request (either online or by e-mail) a fee will be charged to the applicant. The LDSS will receive a copy of the birth certificate or record of live birth annotated with **"FOR GOVERNMENT USE ONLY/NOT FOR RE-RELEASE."** This document is not to be given to the applicant/recipient (A/R) and it should remain in the case record.

**Attachment B: Request for Certification of Birth: LDSS to New York City Department of Health and Mental Hygiene (NYCDOHMH) (For individuals born in New York City)**

This form is to be used by those districts outside of New York City (Rest of State [ROS]) when requesting verification of birth records for **individuals born in New York City**. This letter is to be used when ROS is requesting birth certificates from the New York City Department of Health and Mental Hygiene (NYCDOHMH). This letter initially was misnamed and has been corrected and released in this GIS message. **The ROS should not use an on-line form to make requests for NYC born individuals.** The on-line form is for individuals requesting a birth certificate on their own, and an applicable fee of \$15.00 is required. The Department has received approval from NYCDOHMH to accept our form when requesting verification of birth records for individuals born in NYC. This form letter applies to individuals born in Kings County (Brooklyn), Queens, Bronx, New York County (Manhattan) and Richmond County (Staten Island). There will be no charge to the requesting agency as long as the request is made on county letterhead.

**NOTE:** FEs and FPBP providers should be sending these requests to the NYS Department of Health, Office of Vital Records or NYC Department of Health and Mental Hygiene. FEs and FPBP providers should NOT be sending the original request forms (i.e., Attachment A or B) to the LDSS. It is imperative that FEs and FPBP providers send a signed and dated copy of the completed request for birth record to the LDSS for the case record as verification that birth information has been requested.

**Attachment C: Request for Certification of Birth: Upstate LDSS to Out-of-State**

This form is to be used on agency letterhead when requesting verification of **birth in another state** and only when the other state does not have a required form or fee. Initially, this letter was to be used by counties that did not have a specific process in place to request out-of-state birth certificates. However, we have discovered that most states have specific requirements (i.e., form and fees). Each LDSS must determine the form, the fee, and any additional requirements of the other state and follow the appropriate procedure. Some states require agencies and/or workers to include identification and photo ID/signature of the A/R. A listing of other states' requirements can be found at <http://www.cdc.gov/nchs/howto/w2w/w2welcome.htm>.

If FEs and FPBP providers can access on-line forms, they should download the applicable out-of-state request form, complete it according to the instructions provided and obtain the necessary identification/signatures before forwarding the out-of-state request form to the LDSS. The out-of-state request form must be returned to the LDSS because FEs and FPBP providers cannot issue checks for the required out-of-state fee. The LDSS will issue the check and forward the request to the other state. The LDSS should make a copy of the request for the case file.

**NOTE: Instructions for New York City requests for out-of-state birth verification have been issued separately.**

**REQUEST FOR CERTIFICATION OF BIRTH**  
(LDSS to New York State Department of Health, Office of Vital Records)

New York State Department of Health  
Certification Unit  
Vital Records Section/2nd Floor  
800 North Pearl Street  
Albany, NY 12204

DATE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_  
(LDSS office use only)

**TO WHOM IT MAY CONCERN:**

Please provide a birth certificate, or a certified copy thereof, that a record of this individual's birth is on file to allow us to provide services from this agency.

<p>(Name) _____, who states he/she was born on ____/____/____, in _____, New York.</p> <p>His/her mother's maiden name was: _____</p> <p>His/her father's name was: _____</p> <p>Signature of Client/Authorized Representative: _____ Date: _____</p>
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Please return this form **and** the birth certificate (or a certified copy) in the enclosed postage-paid envelope and mail it to the Local Department Social Services at the address indicated below:

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WORKER	PROGRAM/SECTION	PHONE NUMBER
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**REQUEST FOR CERTIFICATION OF BIRTH**  
(LDSS to New York City Department of Health and Mental Hygiene)

NYC Department of Health and Mental  
Hygiene  
Office of Vital Records  
125 Worth Street, CN 4, Room 133  
New York, NY 10013-4090

DATE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_  
(LDSS office use only)

**TO WHOM IT MAY CONCERN:**

Please provide a birth certificate, or a certified copy thereof, of this individual's birth record to allow us to provide services from this agency.

<p>(Name) _____, who states he/she was born on ____/____/____, in _____, New York.</p> <p>His/her mother's maiden name was: _____.</p> <p>His/her father's name was: _____.</p> <p>Signature of Client/Authorized Representative: _____ Date: _____</p>
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Please return this form **and** the birth certificate (or a certified copy) in the enclosed postage-paid envelope and mail it to the Local Department Social Services at the address indicated below:

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WORKER	PROGRAM/SECTION	PHONE NUMBER

**REQUEST FOR CERTIFICATION OF BIRTH**

(Upstate LDSS to Out-of-State - Request to be used only when other state does not have a required form)

Agency: _____
Address: _____ _____
State: _____
Zip Code: _____

DATE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_  
(LDSS office use only)**TO WHOM IT MAY CONCERN:**

Please provide a birth certificate, or a certified copy thereof, that a record of this individual's birth is on file in your state to allow us to provide services from this agency.

(Name) _____, who states he/she was born on ____/____/____, in _____, in the State of _____.
His/her mother's maiden name was: _____
His/her father's name: _____
Signature of Client/Authorized Representative: _____ Date: _____

Please return this form **and** the birth certificate (or a certified copy) in the enclosed postage-paid envelope and mail it to the Local Department Social Services at the address indicated below:

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