

I, _____, am requesting the Department of Vital Statistics of the City of Albany
Print First & Last Name

to mail a certified copy of my _____, birth certificate to the following address:
Print First & Last Name

Address:

Phone: () -

I acknowledge that the City Of Albany or any agent of the City Of Albany Shall not be responsible for damages arising from my request to mail the certified copy of the birth certificate to an address separate than what shows on my identification.

(Signature)

On the _____ day of _____ in the year _____, before me, the undersigned notary public, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the written instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signatures on the instrument the individual, or the personal upon behalf of which the individual acted, executed the instrument.

(Signature)

(Date)

Affix Stamp