

**THE CITY OF NEW YORK**  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg  
*Mayor*

Thomas R. Frieden, M.D., M.P.H.  
*Commissioner*

nyc.gov/health

**EXEMPLIFICATION OF BIRTH OR DEATH RECORD**

**Theresa Yasin**

I, \_\_\_\_\_, Deputy  
City Registrar of the Office of Vital Records of the Department of Health and Mental Hygiene of the City of New York do hereby certify that the foregoing transcript is a true copy of the original record now on file in the Department of Health and Mental Hygiene of the City of New York, this being a department of the Municipal Corporation known as the City of New York; that I have compared the said transcript with the original record on file in the Department of Health and Mental Hygiene and that the same is a correct transcript of said original record, and of the whole thereof; that the seal thereon impressed is the official seal of the Board of Health of the Department of Health and Mental Hygiene of the City of New York, and I further hereby certify that I am Deputy City Registrar of the Office of Vital Records in the said Department of Health and Mental Hygiene in the City of New York, where the said certificate and record is on file, and that I am authorized to certify the said record in accordance with Section 17-1Q2 (Sub b) of the Administrative Code of the City of New York.

**The foregoing transcript is a true copy of said original record, identified as**

Birth    Death

Certificate Number \_\_\_\_\_ Year \_\_\_\_\_

Borough of \_\_\_\_\_

*In witness whereof I have hereunto set my hand and caused the seal of the Board of Health of the Department of Health and Mental Hygiene of the City of New York to be affixed this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.*

\_\_\_\_\_  
Signature