

State of _____

County of _____

Date: _____

New York City Department of Health
125 Worth Street, Room 133
New York, NY 10013

Attention Office of Vital Records:

I, _____ hereby grant permission to David Lever, founding partner of New York Mobile Notary Service to retrieve my birth certificate. I authorize the New York City Department of Health to release my birth certificate to David Lever. As required, I have completed the application and enclosed a copy of my _____ for identification.

Sincerely,

(Signature)

(Print Name)

Sworn to and subscribed before me _____,
this ____ day of _____, 2009.

(Notary Public)