

Date: _____

THE NEW YORK CITY DEPARTMENT OF
HEALTH and MENTAL HYGIENE

To The Office of Vital Records:

I, _____, hereby authorize the
New York City Department of Health and Mental Hygiene of the City of New York to release my Birth
Certificate document (s) to Camille A. Walters

(Signature)

(Print Your Name)

State of _____

County of _____

Sworn to before me this _____ day of _____, 20_____

X _____
(Notary Public State of _____)