

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

| | | | | | | | | |
|--|--|--|----------------------------------|--|--|-------------------|--|--|
| Name First Middle Last | | | Date of Birth M M D D Y Y Y Y | | | | | |
| Place of Birth Hospital (If not hospital, give street & number) | | | (Village, Town or City) | | | County | | |
| Father First Middle Last | | | Maiden Name of Mother | | | First Middle Last | | |

| | | |
|----------------------------|-----------------------------|--|
| Number of Copies Requested | Enter Birth No. if Known | Enter Local Registration No. if Known |
|----------------------------|-----------------------------|--|

Purpose for Which Record is Required (Check One)

| | | |
|---|---|---|
| <input type="checkbox"/> Passport | <input type="checkbox"/> Working Papers | <input type="checkbox"/> Welfare Assistance |
| <input type="checkbox"/> Social Security-Retirement | <input type="checkbox"/> School Entrance | <input type="checkbox"/> Veteran's Benefits |
| <input type="checkbox"/> Social Security-SSI | <input type="checkbox"/> Driver's License | <input type="checkbox"/> Court Proceeding |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Marriage License | <input type="checkbox"/> Entrance into Armed Forces |
| <input type="checkbox"/> Employment | | |
| <input type="checkbox"/> Other (Specify) _____ | | |

APPLICANT INFORMATION

NAME
FIRST MIDDLE LAST

What is your relationship to person whose record is required?
 Self Parent Other, specify _____

Telephone No. (____) _____

Social Security No. _____

Signature of Applicant _____

Date
MM DD YY

Address of Applicant
Street _____
City _____ State _____ Zip Code _____

If attorney, give name and relationship of your client to person whose record is required

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|

(name of client) (relationship)

FOR REGISTRAR'S USE ONLY
(Photocopy ID and attach to application form)

TYPE OF ID

Driver's License
State _____ No. _____

Other ID, specify _____
No. _____

Application to Local Registrar for Copy of Death Record

PLEASE COMPLETE FORM AND ENCLOSE FEE

FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps.

PLEASE PRINT OR TYPE

| | | | | | |
|---|--------|------|---|-----|--------------|
| Name of Deceased | | | Date of Death or Period to be Covered by Search | | |
| First | Middle | Last | | | |
| Name of Father of Deceased | | | Social Security Number of Deceased | | |
| First | Middle | Last | | | |
| Maiden Name of Mother of Deceased | | | Date of Birth of Deceased | | Age at Death |
| First | Middle | Last | Month | Day | Year |
| Place of Death | | | | | |
| Name of Hospital or Street Address | | | Village, Town or City | | County |
| Purpose for Which Record is Required | | | | | |
| What was your relationship to the deceased? _____ | | | | | |
| In what capacity are you acting? _____ | | | | | |
| If attorney, name and relationship of your client to deceased _____ | | | | | |
| Signature of Applicant _____ | | | Date _____ | | |
| Address of Applicant _____ | | | | | |

COMPLETE FOR DEATHS OCCURRING AS OF JANUARY 1, 1988

_____ Number of copies requested with confidential cause of death
_____ Number of copies requested without confidential cause of death

PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT

Name _____
Address _____
City _____ State _____ Zip Code _____

TYPE OF RECORD DESIRED (Enter Number of Copies)

Search and Certified Transcript

Fee \$10.00 per copy

Search and Certified Copy

Fee \$10.00 per copy

A Certified Transcript is an abstract from the marriage record issued under the seal of the town/city clerk. It includes the names of the contracting parties, their residence at the time the license was issued, date and place of marriage as well as date and place of birth of the bride and groom.

A Certified Transcript may be used as proof that a marriage occurred.

A Certified Copy includes all of the items of information occurring on the original record of the marriage.

A Certified Copy may be needed where proof of parentage and certain other detailed information may be required such as: passports, veteran's benefits, court proceedings, or settlement of an estate.

Bride/Groom/Spouse

Name (as recorded on marriage license):

Date of Birth:
(or age at time of marriage)

First Middle Last

Birth Name (if different)

If Previously Married, State Name Used at that Time:

Residence (at time of marriage):

First Middle Last

County State

Bride/Groom/Spouse

Name (as recorded on marriage license):

Date of Birth:
(or age at time of marriage)

First Middle Last

Birth Name (if different)

If Previously Married, State Name Used at that Time:

Residence (at time of marriage):

First Middle Last

County State

Marriage Information

Place Where Marriage License Was Issued:

Place Where Marriage Was Performed:

Marriage Certificate No.:
(if known)

Local Registration No.:
(if known)

Town or City County

Town or City County

Purpose for which record is required:

Date of Marriage or Period Covered by Search:

Married on or Search from:

(mm / dd / yyyy)

In what capacity are you acting?:

What is your relationship to person whose record is required?
(If self, state "SELF".)

Search to:
(if searching period) (mm / dd / yyyy)

If attorney, give name and relationship of your client to person whose record is required:

Signature of Applicant

Date:

Applicant's Phone Number:

Name of Applicant:

Please print name and address where record is to be sent:

Address of Applicant:

City State ZIP

City State ZIP

General Information and Application For Genealogical Services

VITAL RECORDS COPIES CANNOT BE PROVIDED FOR COMMERCIAL PURPOSES.

1. FEE - \$22.00 includes search and uncertified copy or notification of no record.
2. Original records of births and marriages for the entire state begin with 1881, deaths begin with 1880, EXCEPT for records filed in Albany, Buffalo and Yonkers prior to 1914. Applications for these cities should be made directly to the local office.
3. The New York State Department of Health does not have New York City records except for births occurring in Queens and Richmond counties for the years 1881 through 1897.
4. Please read the Administrative Rule Summary on the reverse side of this sheet which specifies years available for genealogical research.

To insure a complete search, provide as much information as possible.
 Please complete for type of record requested, birth, death OR marriage.

| | | | |
|-----------------|--|-----------------|--|
| Birth | Name at Birth _____ | Birth | Name at Birth _____ |
| | Date of Birth _____ | | Date of Birth _____ |
| | Place of Birth _____ | | Place of Birth _____ |
| | Father's Name _____ | | Father's Name _____ |
| | Mother's Maiden Name _____ | | Mother's Maiden Name _____ |
| Marriage | Name of Bride _____ | Marriage | Name of Bride _____ |
| | Name of Groom _____ | | Name of Groom _____ |
| | Date of Marriage _____ | | Date of Marriage _____ |
| | Place of Marriage and/or License _____ | | Place of Marriage and/or License _____ |
| Death | Name at Death _____ | Death | Name at Death _____ |
| | Date of Death _____ Age at Death _____ | | Date of Death _____ Age at Death _____ |
| | Place of Death _____ | | Place of Death _____ |
| | Names of Parents _____ | | Names of Parents _____ |
| | Name of Spouse _____ | | Name of Spouse _____ |

For what purpose is information required? _____

What is your relationship to person whose record is requested? _____

In what capacity are you acting? _____

SIGNATURE OF APPLICANT _____ DATE _____

ADDRESS _____

Send record to: (please print)

Name _____

Address _____

City _____ State _____ Zip Code _____

If requesting birth and marriage records, please sign the following statement:
 To the best of my knowledge, the person(s) named in the application are deceased.

 SIGNATURE OF APPLICANT