

**Application to Local Registrar
for Copy of Birth Record**

CERTIFICATE INFORMATION

First	Middle	Last	Date of Birth	M	M	D	D	Y	Y	Y	Y			
Name			(Village, Town or City)									County		
Place of Birth <small>Hospital (if not hospital, give street & number)</small>			Maiden Name									First	Middle	Last
Father			of Mother											
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"/> Social Security-Retirement														
<input type="checkbox"/> Social Security-SSI														
<input type="checkbox"/> Retirement														
<input type="checkbox"/> Employment														
<input type="checkbox"/> Other (Specify) _____														
<input type="checkbox"/> Working Papers														
<input type="checkbox"/> Welfare Assistance														
<input type="checkbox"/> School Entrance														
<input type="checkbox"/> Veteran's Benefits														
<input type="checkbox"/> Driver's License														
<input type="checkbox"/> Court Proceeding														
<input type="checkbox"/> Marriage License														
<input type="checkbox"/> Entrance into Armed Forces														

APPLICANT INFORMATION

NAME			FIRST			MIDDLE			LAST		
What is your relationship to person whose record is required?											
<input type="checkbox"/> Self											
<input type="checkbox"/> Parent											
<input type="checkbox"/> 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											
<input type="checkbox"/> Driver's License											
State _____ No. _____											
<input type="checkbox"/> Other ID, specify _____											
No. _____											

TYPES OF ACCEPTABLE IDENTIFICATION

1. Driver's license
2. Non-driver's license
3. Passport
4. Naturalization Papers
5. Military ID
6. Employer's Photo ID
7. Two utility bills, showing applicant's name and address
8. Police report of lost or stolen ID

DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED

Application to Town/City Clerk for Copy of Marriage Record

TYPE OF RECORD DESIRED (Check One)	
<p>Search and Certification <input type="checkbox"/> Fee \$10.00 per copy</p> <p>A Certification, an abstract from the marriage record issued under the seal of the Health Department, includes the names of the contracting parties, their residence at the time the license was issued as well as date and place of birth of the bride and groom.</p> <p>A Certification may be used as proof that a marriage occurred.</p>	<p>Search and Certified Copy <input type="checkbox"/> Fee \$10.00 per copy</p> <p>A Certified Transcript includes all of the items of information occurring on the original record of the marriage.</p> <p>A Certified Transcript 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.</p>

PLEASE COMPLETE FORM AND REMIT FEE	
PLEASE PRINT OR TYPE	
Name (First) (Middle) (Last) of Groom	Name (First) (Middle) (Last) of Bride
Groom's Age or Date of Birth	Bride's Age or Date of Birth
Residence of Groom (County) (State)	Residence of Bride (County) (State)
Date of Marriage or Period Covered by Search	If Bride Previously Married, State Name Used at That Time
Place Where License Was Issued	Place Where Marriage Was Performed
For what purpose is information required?	
<p>In what capacity are you acting?</p> <p>_____</p> <p>_____</p>	<p>If attorney: Name and relationship of your client to persons whose marriage record is required.</p> <p>_____</p> <p>_____</p>
Signature of Applicant	
_____	Date
Address of Applicant	
Please print name and address where record is to be sent.	

Where to Apply for Record of Marriage

1. License Issued in New York State (Outside of New York City)

Year of Marriage	Apply to:
* 1880 to present	Certification Unit Vital Records Section P. O. Box 2602 Albany, NY 12220-2602

* 1880 - 1907 and license issued
in the cities of Albany, Buffalo
or Yonkers

Albany:	City Clerk, City Hall, Albany, NY 12207
Buffalo:	City Clerk, City Hall, Buffalo, NY 14202
Yonkers:	City Clerk City Hall Yonkers, NY 10701

2. License Issued in New York City

Apply to the Borough office of the New York City Clerk that issued the marriage license.
The location of these offices follows:

Manhattan - Municipal Building, New York, NY 10007

Brooklyn - Municipal Building, Brooklyn, NY 11202

Bronx - (Records for 1908-1913 are on file with the Manhattan office)
1780 Grand Concourse, New York, NY 10457

Queens - (Records prior to 1898 are on file with the New York State Department of
Health) 120-55 Queens Boulevard, Kew Gardens, Jamaica, NY 11424

Richmond - (Records prior to 1898 are on file with the New York State Department of
Health) Borough Hall, St. George, Staten Island, NY 10301.

PLEASE NOTE: Records of marriages in areas of the present City of New York, which
were not part of the city at the time of marriage, are on file with the
State Department of Health.

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 _____

General Information and Application For Genealogical Services

VITAL RECORDS COPIES CANNOT BE PROVIDED FOR COMMERCIAL PURPOSES.

1. FEE - \$10. 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	Birth
Name at 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	Marriage
Name of Bride _____	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	Death
Name at Death _____	Name at Death _____
Date of Death _____	Date of 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 _____

Health Commissioner's Administrative Rules and Regulations Summary

1. Genealogical Research

Uncertified copies or abstracts from records of birth, death, and marriage may be provided for genealogical research purposes subject to the restrictions specified in this summary. All requests must be submitted in writing and include payment of the applicable statutory fee. The applicant shall be required to pay the specified fee for the time spent for the search and uncertified copy or notification of no record.

2. Who is authorized to do the searching?

Record searches shall be conducted only by the following persons in the files maintained by their respective agencies:

- a. authorized employees of the State Department of Health;
- b. a local registrar, deputy registrar, or an authorized employee of the registrar;
- c. a town or city clerk, deputy clerk, or an authorized employee of the town or city clerk.

3. What records are available?

- a. No information shall be released from a record of birth which has been placed in a confidential file pursuant to Public Health Law Section 4138.
- b. No information shall be released from a record of birth unless the record has been on file for at least 75 years and the person to whom the record relates is known to the applicant to be deceased.
- c. No information shall be released from a record of death unless the record has been on file for at least 50 years.
- d. No information shall be released from a record of marriage unless the record has been on file for at least 50 years and the parties to the marriage are known to the applicant to be deceased.
- e. The time periods specified in (3B), (3C), and (3D) are waived if the applicant is a descendant or has been designated to act on behalf of a descendant of the person whose record is being requested. A descendant is a person in the direct line of descent. The applicant shall provide documentation of descendanty prior to the release of information in those instances where a waiver of the waiting period is requested. A party acting on behalf of a descendant shall further provide documentation that the descendant authorized the party to make such application.
- f. All uncertified copies, abstracts, or information issued for genealogical research purposes shall be clearly marked with the statement "For Genealogical Purposes Only."

4. Genealogy Fee Schedule

Fee schedule per one spelling of name. Fee varies depending on requested number of years to be searched. Please contact Registrar.