

# Application to Local Registrar for Copy of Birth Record

## CERTIFICATE INFORMATION

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

_____	_____
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(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

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.

Search and Certified Copy

Fee \$10.00 per copy

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.

<b>Birth</b>	Name at Birth _____	<b>Birth</b>	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 _____
<b>Marriage</b>	Name of Bride _____	<b>Marriage</b>	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 _____
<b>Death</b>	Name at Death _____	<b>Death</b>	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