

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			First Middle Last		
Father			Maiden Name 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)

- | | | |
|---|---|---|
| ☐ Passport | ☐ Working Papers | ☐ Welfare Assistance |
| ☐ Social Security-Retirement | ☐ School Entrance | ☐ Veteran's Benefits |
| ☐ Social Security-SSI | ☐ Driver's License | ☐ Court Proceeding |
| ☐ Retirement | ☐ Marriage License | ☐ Entrance into Armed Forces |
| ☐ Employment | | |
| ☐ Other (Specify) _____ | | |

APPLICANT INFORMATION

NAME		If attorney, give name and relationship of your client to person whose record is required	
FIRST MIDDLE LAST What is your relationship to person whose record is required? ☐ Self ☐ Parent ☐ Other, specify _____		(name of client) (relationship)	
Telephone No. () - Social Security No. -		FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)	
Signature of Applicant			
Date MM DD YY			
Address of Applicant Street City State Zip Code		TYPE OF ID ☐ Driver's License State No. ☐ 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 Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

First Middle Last Name			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
First Middle Last Father			Maiden Name First Middle Last 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)

- | | | |
|---|---|---|
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| ☐ Social Security-Retirement | ☐ School Entrance | ☐ Veteran's Benefits |
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| ☐ Retirement | ☐ Marriage License | ☐ Entrance into Armed Forces |
| ☐ Employment | | |
| ☐ Other (Specify) _____ | | |

APPLICANT INFORMATION

NAME FIRST MIDDLE LAST		If attorney, give name and relationship of your client to person whose record is required	
What is your relationship to person whose record is required? ☐ Self ☐ Parent ☐ Other, specify _____		 (name of client) (relationship)	
Telephone No. ()			
Social Security No. - -			
Signature of Applicant		FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)	
Date MM DD YY		TYPE OF ID ☐ Driver's License State _____ No. _____	
Address of Applicant Street _____ City _____ State _____ Zip Code _____		☐ Other ID, specify _____ No. _____	

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First Middle Last Father			Maiden Name First Middle Last 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)

☐ Passport	☐ Working Papers	☐ Welfare Assistance
☐ Social Security-Retirement	☐ School Entrance	☐ Veteran's Benefits
☐ Social Security-SSI	☐ Driver's License	☐ Court Proceeding
☐ Retirement	☐ Marriage License	☐ Entrance into Armed Forces
☐ Employment		
☐ Other (Specify) _____		

APPLICANT INFORMATION

NAME FIRST MIDDLE LAST		If attorney, give name and relationship of your client to person whose record is required	
What is your relationship to person whose record is required? ☐ Self ☐ Parent ☐ Other, specify _____		 (name of client) (relationship)	
Telephone No. ()			
Social Security No. - -			
Signature of Applicant		Date MM DD YY	
Address of Applicant Street _____ City _____ State _____ Zip Code _____		FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form) TYPE OF ID ☐ Driver's License State _____ No. _____ ☐ Other ID, specify _____ No. _____	

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First Middle Last			First Middle Last		
Father			Maiden Name of Mother		
Number of Copies Requested		Enter Birth No. if Known		Enter Local Registration No. if Known	

Purpose for Which
Record is Required
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| ☐ Other (Specify) _____ | | |

APPLICANT INFORMATION

NAME		If attorney, give name and relationship of your client to person whose record is required	
FIRST MIDDLE LAST			
What is your relationship to person whose record is required?		(name of client) (relationship)	
☐ Self ☐ Parent ☐ Other, specify _____			
Telephone No. () - -			
Social Security No. - -			
Signature of Applicant		FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)	
Date		TYPE OF ID	
MM DD YY		☐ Driver's License State _____ No. _____	
Address of Applicant		☐ Other ID, specify _____ No. _____	
Street			
City			
State			
Zip Code			

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Name			MMDDYY		
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First Middle Last			First Middle Last		
Father			Maiden Name of Mother		
Number of Copies Requested		Enter Birth No. if Known		Enter Local Registration No. if Known	

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NAME		If attorney, give name and relationship of your client to person whose record is required	
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What is your relationship to person whose record is required?			
☐ Self ☐ Parent ☐ Other, specify _____			
Telephone No. () - -		(name of client) (relationship)	
Social Security No. - -			
Signature of Applicant		FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)	
Date		TYPE OF ID	
MM DD YY		☐ Driver's License State _____ No. _____	
Address of Applicant		☐ Other ID, specify _____ No. _____	
Street			
City			
State			
Zip Code			

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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 _____

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 of 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 descendancy 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. Unused fees will be refunded.

1-3 years	\$22.00	31-40 years	\$102.00
4-10 years	\$42.00	41-50 years	\$122.00
11-20 years	\$62.00	51-60 years	\$142.00
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	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 _____

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	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)

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Address _____

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	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? _____

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SIGNATURE OF APPLICANT _____ DATE _____

ADDRESS _____

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Name _____

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