# General Information and Application for Genealogical Services

## VITAL RECORDS COPIES CANNOT BE PROVIDED FOR COMMERCIAL PURPOSES.

Return to: New York State Department of Health, Vital Records Section, P.O. Box 2602, Albany, NY 12220-2602

- 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 the applicable section for each type of record requested: birth, death or marriage.

		·			
Ţ	Name at BirthState File		Name at Birth		
	Date of Birth Number	2	State File Date of Birth Number		
	Place of Birth	1	Place of Birth		
	Father's Name		Father's Name		
	Mother's Maiden Name		Mother's Maiden Name		
Marriage	Name of Bride	96	Name of Bride		
	Name of Groom	_ _ _ _ _ _ _	Name of Groom		
	Date of Marriage State File Number	ב ה	State File Date of MarriageNumber		
	Place of Marriage and/or License	Z	Place of Marriage and/or License		
Death	Name at Death		Name at Death		
	Date of Death Age at Death		Date of Death Age at Death		
	Place of Death	与	Place of Death		
	Names of Parents	0	Names of Parents		
	Name of Spouse		Name of Spouse		
	State File Number		State File Number		
For what purpose is information required?					
	nat is your relationship to person whose record is requeste				
ln '	what capacity are you acting?				
SIGNATURE OF APPLICANT			DATE		
Address			Phone		
Ser	nd record to: (please print)		uesting birth and marriage records, please sign the following		
Nar	Name		statement:  To the best of my knowledge, the person(s) named in the application are deceased.		
Ado	dress	J. 0 C			
City	StateZip Code	SIG	NATURE OF APPLICANT		

## Information Page — Mail-in Application for Genealogical Services

#### General Instructions

- Use this application only for genealogy requests.
- Print a copy of this application, complete and sign.
- · Mail application with check or money order and a copy of any required documentation (see below) to:

New York State Department of Health Vital Records Section Certification Unit P.O. Box 2602 Albany, NY 12220-2602

Fees: If no record is on file, a No Record Report will be issued and the fee is not refunded.

- For standard search: This includes a three (3) year search. The fee is \$22.00 per copy. The fee is for each name or type of record requested.
- For long search: When more than a three-year search is requested, the fee for each record in need of a longer search is higher according to the following schedule:

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
21 - 30 years	\$82.00	61 - 70 years	\$162.00

The fee applies separately to each record requested. For example, the fee for a request consisting of one birth record (1-year search), plus one death record (24-year search), plus one marriage record (11-year search) is a total of \$166.00 (\$22 + \$82 + \$62 = \$166)

• Send check or money order payable to the New York State Department of Health. Do not send cash.

Note: Payment submitted from foreign countries must be made by a check drawn on a United States bank or by international money order. Do not send cash.

## **Processing Time**

For the latest information on processing times, please visit our web page at: www.nyhealth.gov/vital\_records/processingtime.htm

## Available Records

- No information shall be released from a record unless the person to whom the record relates is known to the applicant to be deceased.
- No information shall be released unless the record has been on file for a minimum required period: birth records
  must have been on file for at least 75 years, death records for 50 years, marriage records for 50 years (both parties
  to the marriage must be deceased).
- The time periods above are waived if the applicant is a descendant and provides documentation of direct line descent. A party acting on behalf of a descendant shall further provide documentation that the descendant authorized the party to make such application.

## Completing the Form

- If you are using Adobe Reader \* 5.0 or newer (available as a free download from <a href="www.adobe.com">www.adobe.com</a>) you can fill in the form directly in Adobe Reader by clicking on the appropriate space and entering the information (use the TAB key to move to the next field, shift-TAB to move backwards). Print the completed form, sign and mail to the address shown above.
- You can print out a blank copy of the form and then type or print the required information.
- Be sure to sign the form before mailing and include a check or money order made payable to the New York State Department of Health along with copies of any required documentation.