

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.

<b>Birth</b>	Name at Birth _____	State File _____	<b>Birth</b>	Name at Birth _____	State File _____
	Date of Birth _____	Number _____		Date of Birth _____	Number _____
	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 _____	State File _____		Date of Marriage _____	State File _____
	Place of Marriage and/or License _____	Number _____		Place of Marriage and/or License _____	Number _____
<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 _____	
	State File Number _____			State File Number _____	

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 \_\_\_\_\_ Phone \_\_\_\_\_

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