

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 - \$10.00 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 Number _____	Name at Birth _____ State File Number _____
	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 _____	Name of Bride _____
	Name of Groom _____	Name of Groom _____
	Date of Marriage _____ State File Number _____	Date of Marriage _____ State File Number _____
	Place of Marriage and/or License _____	Place of Marriage and/or License _____
<b>Death</b>	Name at 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 _____
	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