

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

\$10.00 Fee Per Search Includes 1 Record Copy - if Found

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.

| | | | |
|-----------------|--|-----------------|--|
| Birth | Name at Birth _____ | Birth | Name at Birth _____ |
| | Date of Birth _____ State File Number _____ | | Date of Birth _____ State File Number _____ |
| | 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 _____ State File Number _____ | | Date of Marriage _____ State File Number _____ |
| | 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 _____ |
| | 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