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 *www.adobe.com*) 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.

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section, Genealogy Unit

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.

Birth	Name at Birth _____ Date of Birth _____ State File Number _____ Place of Birth _____ Father's Name _____ Mother's Maiden Name _____	**Birth**	Name at Birth _____ Date of Birth _____ State File Number _____ Place of Birth _____ Father's Name _____ Mother's Maiden Name _____
Marriage	Name of Bride _____ Name of Groom _____ Date of Marriage _____ State File Number _____ Place of Marriage and/or License _____	**Marriage**	Name of Bride _____ Name of Groom _____ Date of Marriage _____ State File Number _____ Place of Marriage and/or License _____
Death	Name at Death _____ Date of Death _____ Age at Death _____ Place of Death _____ Names of Parents _____ Name of Spouse _____ State File Number _____	**Death**	Name at Death _____ Date of Death _____ Age at Death _____ Place of Death _____ Names of Parents _____ Name of Spouse _____ 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