

General Information and Application for Genealogical Services

If the requested record is needed to settle an estate, a letter of authorization is required from the executor, public administrator or attorney for the estate. The relationship of the person of record to the estate must be provided.

VITAL RECORDS COPIES CANNOT BE PROVIDED FOR COMMERCIAL PURPOSES.

1. FEE - \$12.00 per search and copy or \$10.00 per search and notification of no-record for EACH record requested.
2. Original records of births, deaths and marriages for the entire state 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. We do not have ANY records for the city of New York, except for Queens and Richmond Counties between 1880 and 1898.
4. Please read Administrative Rule 35.5 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 for type of record requested, birth, death OR marriage.

Birth	Name at Birth _____	Birth	Name at Birth _____
	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 _____
Marriage	Name of Bride _____	Marriage	Name of Bride _____
	Name of Groom _____		Name of Groom _____
	Date of Marriage _____		Date of Marriage _____
	Place of Marriage and/or License _____		Place of Marriage and/or License _____
Death	Name at Death _____	Death	Name at Death _____
	Date at Death _____ Age at Death _____		Date at Death _____ Age at Death _____
	Place of Death _____		Place of Death _____
	Names of Parents _____		Names of Parents _____
	Name of Spouse _____		Name of Spouse _____

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 _____

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 _____