# 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 shalf 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 \$\mathbb{0}\$ 5.0 or newer (available as a free download from <a href="www.adobe.com">www.adobe.com</a>) 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 P.O. Box 2602 Albany, New York 12220-2602

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# General Information and Application For Genealogical Services

(over)

#### VITAL RECORDS COPIES CANNOT BE PROVIDED FOR COMMERCIAL PURPOSES.

- 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 for type of record requested, birth, death OR marriage.

	Please complete for type of record	req	uested, birth, death OR marriage.			
	Name at Birth		Name at Birth			
	Date of Birth		Date of Birth			
81111	Place of Birth	91318	Place of Birth			
	Father's Name ————————————————————————————————————	1	Father's Name			
	Mother's Maiden Name		Mother's Maiden Name			
e)	Name of Bride	Φ	Name of Bride			
Marriag	Name of Groom—————	901110	Name of Groom—			
ē	Date of Marriage	5	Date of Marriage ————————————————————————————————————			
Σ	Place of Marriage and/or License —	Σ	Place of Marriage and/or License —			
	Name at Death		Name at Death			
c	Date of Death Age at Death	ų	Date of Death Age at Death			
Death	Place of Death	eath	Place of Death			
ă	Names of Parents —	œ.	Names of Parents —			
	Name of Spouse		Name of Spouse			
For	or what purpose is information required?					
Wha	at is your relationship to person whose record is request	ed?_				
In w	hat capacity are you acting?					
SIGNATURE OF APPLICANT DATE			DATE			
ADD	PRESS					
Send	00114 100014 101 (010000 01111)		f requesting birth and marriage records, please sign the following statement:			
Name		To t	To the best of my knowledge, the person(s) named in the application are deceased.			
Addr	ess	are (	ueveaseu.			
City	State Zip Code	SIG	GNATURE OF APPLICANT			

# Health Commissioner's Administrative Rules and Regulations Summary

#### 1. Genealogical Research

Uncertified copies or abstracts from records of birth, death, and marriage may be provided for genealogical research purposes subject to the restrictions specified in this summary. All requests must be submitted in writing and include payment of the applicable statutory fee. The applicant shall be required to pay the specified fee for the time spent for the search and uncertified copy of notification of no record.

### 2. Who is authorized to do the searching?

Record searches shall be conducted only by the following persons in the files maintained by their respective agencies:

- a. authorized employees of the State Department of Health;
- b. a local registrar, deputy registrar, or an authorized employee of the registrar;
- c. a town or city clerk, deputy clerk, or an authorized employee of the town or city clerk.

#### 3. What records are available?

- a. No information shall be released from a record of birth which has been placed in a confidential file pursuant to Public Health Law Section 4138.
- b. No information shall be released from a record of birth unless the record has been on file for at least 75 years and the person to whom the record relates is known to the applicant to be deceased.
- No information shall be released from a record of death unless the record has been on file for at least 50 years.
- d. No information shall be released from a record of marriage unless the record has been on file for at least 50 years and the parties to the marriage are known to the applicant to be deceased.
- e. The time periods specified in (3B), (3C), and (3D) are waived if the applicant is a descendant or has been designated to act on behalf of a descendant of the person whose record is being requested. A descendant is a person in the direct line of descent. The applicant shall provide documentation of descendancy prior to the release of information in those instances where a waiver of the waiting period is requested. A party acting on behalf of a descendant shall further provide documentation that the descendant authorized the party to make such application.
- f. All uncertified copies, abstracts, or information issued for genealogical research purposes shall be clearly marked with the statement "For Genealogical Purposes Only."

# 4. Genealogy Fee Schedule

Fee schedule per one spelling of name. Fee varies depending on requested number of years to be searched. Unused fees will be refunded.

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