NEW YORK STATE DEPARTMENT OF HEALTH Vital Records Section, Genealogy Unit P.O. Box 2602 Albany, New York 12220-2602

General Information and Application For Genealogical Services

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.

	Name at Birth		Name at Birth	
	Date of Birth		Date of Birth	
Birth	Place of Birth	£	Place of Birth	
•••	Father's Name	8	Father's Name —	
	Mother's Maiden Name		Mother's Maiden Name	
Ø.	Name of Bride	ə	Name of Bride	
Marriage	Name of Groom	arriag	Name of Groom—	
8	Date of Marriage	<u>-</u>	Date of Marriage —	
	Place of Marriage		Place of Marriage	
	and/or License ———————————————————————————————————		and/or License ———————————————————————————————————	
	Name at Death		Name at Death	
£	Date of Death Age at Death	87.00	Date of Death Age at Death	
Death	Place of Death	$\overline{\circ}$	Place of Death	
ă	Names of Parents	ă	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?				
n what capacity are you acting?				
in what capacity are you acting:				
SIGNATURE OF APPLICANT DATE DATE				
ADDRESS				
Send			If requesting birth and marriage records, please sign the following	
Name			statement: To the best of my knowledge, the person(s) named in the application	
a			deceased.	
Address				
City State Zip Code		SIG	NATURE OF APPLICANT	