

## Information Page

### Mail-in Application for Certified Copy of Birth Record

#### General Instructions

- **Do not** use this application to submit your request by fax.
- Use this application only if the birth occurred in the City of Schenectady.  
*(Births at Bellevue Women's Center must be requested from the Niskayuna Town Clerk)*
- Do not use this application for genealogy requests.
- Print a copy of this application, complete and sign.
- Mail application along with a certified check or money order, a copy of the required documentation and a self-addressed stamped or prepaid return envelope (see below).

For regular handling send by first class mail, registered mail, certified mail or U.S. Priority Mail to:

**Schenectady City Clerk**  
**Vital Records Section – Room 107**  
**105 Jay Street**  
**Schenectady, NY 12305**

#### Document May Be Issued To:

- The person named on the birth certificate, if 18 years of age or older
- To the lawful representative of the person named or the parents of the person named on the birth certificate.
- To a person with a New York State Court Order

#### Identification Requirements:

Application must be submitted with copies of either A *or* B:

- A. One (1) of the following forms of valid photo-ID:
- Driver license
  - Non-driver license
  - Passport
  - Other government issued photo-ID
- B. Two (2) pieces of mail from two different sources showing the same name and address of the applicant:
- Utility bill or telephone bill
  - Letter from a government agency dated within the last six (6) months

#### Remit:

- The fee is \$10.00 per copy. Total for one (1) copy is \$10.00. Total for two (2) copies is \$20.00, etc.
- Send certified check or money order payable to the **Schenectady City Clerk**.
- **Do not send cash.**
- Payment submitted from foreign countries must be made by a check drawn on a United States bank or by international money order.
- Return: Please include a self-addressed stamped or prepaid return envelope.

Birth records cannot be mailed to a P.O. Box or third-party address unless the applicant completes a notarized signed consent, authorizing us to mail the certificate to a P.O. Box.

# Application to Local Registrar for Copy of Birth Record

## CERTIFICATE INFORMATION

Name First Middle Last	Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y	
Place of Birth Hospital (If not hospital, give street & number)	(Village, Town or City)	County
Father First Middle Last	Maiden Name of Mother First Middle Last	

Number of Copies Requested	Enter Birth No. if Known	Enter Local Registration No. if Known
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Purpose for Which Record is Required (Check One)

<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance
<input type="checkbox"/> Social Security-Retirement	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits
<input type="checkbox"/> Social Security-SSI	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding
<input type="checkbox"/> Retirement	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance into Armed Forces
<input type="checkbox"/> Employment		
<input type="checkbox"/> Other (Specify) _____		

## APPLICANT INFORMATION

NAME FIRST MIDDLE LAST What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____ Telephone No. (_____) _____ Social Security No. _____ Signature of Applicant _____ Date _____ MM DD YY Address of Applicant Street _____ City _____ State _____ Zip Code _____	If attorney, give name and relationship of your client to person whose record is required <table border="1" style="width: 100%;"> <tr> <td style="width: 80%; height: 30px;"></td> <td style="width: 20%;"></td> </tr> </table> (name of client) (relationship) <b>FOR REGISTRAR'S USE ONLY</b> (Photocopy ID and attach to application form) TYPE OF ID <input type="checkbox"/> Driver's License State _____ No. _____ <input type="checkbox"/> Other ID, specify _____ No. _____		