

BUREAU OF VITAL RECORDS
CITY OF SCHENECTADY, NEW YORK

APPLICATION FOR COPY OF BIRTH RECORD ON FILE FOR THOSE PERSONS BORN IN
THE CITY OF SCHENECTADY

TO BE COMPLETED

DATE: _____

BIRTH NAME: _____

DATE OF BIRTH: _____

Place of Birth -- Ellis Hospital
St. Clare's Hospital
At Home

FULL NAME OF FATHER _____

FULL MAIDEN NAME OF MOTHER _____

_____ **PASSPORT** _____ **SOCIAL SECURITY**

_____ **KINDERGARTEN ENTRANCE** _____ **SOCIAL SERVICES**

_____ **EMPLOYMENT** _____ **OTHER**

EXPLAIN _____

YOUR SIGNATURE _____

ATTORNEY SIGNATURE _____

GUARDIAN SIGNATURE _____

YOUR ADDRESS: _____

FEE: Certified Copy

MAY BE PAID BY MONEY ORDER, CASH
NO PERSONAL CHECKS BY MAIL

FOR REGISTRARS USE ONLY:

Drivers License Number _____

Expiration Date: _____

Other ID: _____