



TOWN of NEW HARTFORD
 8635 Clinton Street
 New Hartford, NY 13413
 315-733-7500 EXT. 2320 or 2322

GENERAL INFORMATION AND APPLICATION FOR GENEALOGICAL SERVICES

VITAL RECORDS COPIES CANNOT BE PROVIDED FOR COMMERCIAL PURPOSES

- Fee \$22.00 (includes search and uncertified copy or notification of no record)
- No Personal Checks; Cash, Money Order, or Cashier's Checks ONLY.
- Town of New Hartford vital records begin in 1885 with some sporadic recordings from 1847-1883.
- Please read the Administrative Rule Summary on the reverse side of this sheet, which specifies years available for genealogical research.
- To ensure a complete search, provide as much information as possible. Please complete for type of record requested, birth, death, or marriage.

OFFICE USE ONLY:

FORM: _____
Date Processed/Mailed: _____
By Whom: _____

BIRTH	Name at Birth: _____	BIRTH	Name at Birth: _____
	Date of Birth: _____		Date of Birth: _____
	Place of Birth: _____		Place of Birth: _____
	<i>Circle one:</i> Town/New Hartford OR Village/New Hartford Father's Name: _____		<i>Circle one:</i> Town/New Hartford OR Village/New Hartford Father's Name: _____
	Mother's Name: _____		Mother's 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 of Death: _____		Date of Death: _____
	Place of Death (street): _____		Place of Death (street): _____
	<i>Circle one:</i> Town/New Hartford OR Village/New Hartford Names of Parents: _____		<i>Circle one:</i> Town/New Hartford OR Village/New Hartford Names of Parents: _____
	Name of Spouse: _____		Name of Spouse: _____

For what purpose is information required? _____
 What is your relationship to the person whose record is requested?
 In what capacity are you acting? _____

Signature of Applicant: _____ **Date:** _____

Address of Applicant: _____
(no PO box addresses accepted)

Phone Number (____) _____ **Email (optional):** _____

INCLUDE LEGIBLE PHOTOCOPY OF YOUR CURRENT DRIVER'S LICENSE (no P.O. Box addresses accepted)

<p>NOTE: If requesting birth and/or marriage records, please sign the following statement AND PROVIDE A CERTIFIED COPY OF THEIR DEATH RECORDS: <i>To the best of my knowledge, the person(s) named in the application are deceased.</i></p> <p>Signature of Applicant: _____</p>

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 or 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.
- C. 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 application 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

Below is the fee schedule per one spelling of name. Fee varies depending on requested number of years to be searched. Unused fees will be refunded. **No Personal Checks; Cash, Money Order, or Cashier's Checks ONLY.**

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