

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE APPLICATION.
ALL PERSONS REQUESTING A BIRTH RECORD MUST COMPLETE THE APPLICATION.**

GENERAL INSTRUCTIONS

- Do not use this application for fax requests. Do not use this application for genealogy requests.
- Use this application if you are the person named on the birth record, or that person’s parent listed on the birth record, or have court-appointed legal custody. Please provide a legible photocopy of the entire custody paperwork; custody papers must be signed and certified or re-certified within six months from the date the application is received.
- If you have had a name change since your birth or the birth of your child, provide documentation showing your name change, such as a marriage certificate. In the case of a marriage, we require the marriage certificate issued from a civil entity - that is, a city/town/village; we cannot accept a church or synagogue marriage record as proof of name change.

FEE/MANNER OF PAYMENT

- Fee: \$10.00 per copy
- Cash, Money Order, or Bank Cashier Check made payable to TOWN OF NEW HARTFORD.
- **Personal checks are NOT accepted unless CERTIFIED.**

TYPES OF IDENTIFICATION REQUIRED – Choose One –

In accordance with New York State rules and regulations, ALL applicants must provide the original (or photocopy if applying by mail) of ONE (1) of the following as proof of identity - **NO OTHER DOCUMENTS WILL BE ACCEPTED AS IDENTITY:**

- Current photo Driver’s License (showing physical address; no PO Boxes).
- Current photo Non-Driver’s License (showing physical address; no PO Boxes).
- Current Military Identification Card.
- Current Passport.
- Naturalization Papers (NOTE: do not photocopy; it is a Federal crime to photocopy this document; the original must be presented).
- Current Employer’s photo identification card (must contain employee’s name, date of birth, signature, and evidence that the card is current).
- Two (2) current utility bills issued from two different companies and showing applicant’s name and address.
- A current NYS Medicaid Benefit card with Photo.

Please Note:

- WE CANNOT MAKE OR RETURN LONG-DISTANCE TELEPHONE CALLS. Please provide your EMAIL ADDRESS if you need us to contact you: _____
- If mailing your application, provide a No. 10 Self-Addressed, Stamped Return Envelope in order for us to process your request. If your need is urgent, we suggest using an overnight mail service, and include a self-addressed, pre-stamped overnight envelope that we can send back to you the day we fulfill your request.
- We are prohibited from discussing specific Vital Records information or receipt of your application and payment over the telephone. If you wish to be notified that we have received your application, please use a mail service tracking service for your own tracking and record-keeping purposes.

Please provide your mailing information, below:

(no PO Box, business address, or c/o address)

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____

Remember to include:
> Completed application
> Photocopy of acceptable ID
> Payment
> Name change document, if required
> Legal custody papers, if required
> Self-addressed, stamped envelope



TOWN of NEW HARTFORD
Gail Wolanin Young, CMC, Registrar
 8635 Clinton Street, New Hartford, NY 13413
 315-733-7500 EXT. 2322 or 2325
 gyoung@townofnewhartfordny.gov

APPLICATION FOR RECORD OF BIRTH

CHECK FORM DESIRED: **Fee is \$10.00**
(if none checked, a short form will be issued)

CERTIFICATION ("short form" DOH-2248A; 8.5x11" contains ONLY name, gender, date, and place of birth).

TRANSCRIPT ("long form" DOH-2673; 8.5x11" also includes parents' names and time of birth).

ACKNOWLEDGMENT OF PATERNITY (LDSS-4418). (no charge)

OFFICE USE ONLY:
 DOH: _____
 Certified Copy: _____
 By Whom: _____ Date: _____

NOTE: A No Record Certification will be issued if, upon our search, the desired record cannot be located. Fee is \$10.00

BIRTH NAME Of CHILD		FIRST	MIDDLE	LAST *
DATE OF BIRTH		SEX		LOCAL REGISTRATION NO., <i>if known</i>
PLACE OF BIRTH (HOSPITAL OR STREET NAME)		TOWN OF NEW HARTFORD		ONEIDA COUNTY
FATHER'S NAME		FIRST	MIDDLE	LAST *
MOTHER'S NAME		FIRST	MIDDLE	LAST (MAIDEN) NAME *
PURPOSE FOR RECORD:	<input type="checkbox"/> Adoption (domestic) <input type="checkbox"/> Adoption (international) <input type="checkbox"/> Court/Custody/County/Soc.Svcs. <input type="checkbox"/> Employment <input type="checkbox"/> Housing	<input type="checkbox"/> ID/DMV/Learner's Permit <input type="checkbox"/> Insurance <input type="checkbox"/> International Citizenship <input type="checkbox"/> Marriage <input type="checkbox"/> Passport	<input type="checkbox"/> School Registn/Sports <input type="checkbox"/> Retirement <input type="checkbox"/> Social Security <input type="checkbox"/> Taxes <input type="checkbox"/> Veteran's Benefits	
What is your relationship to person whose record is required? If self, state "self." If parent, state "parent." _____ If attorney, give name and relationship of your client to person whose record is required (notarized release is required): _____				
My signature certifies my understanding of and agreement with the requirements as stated in the general instructions on application. NOTE: A No Record Certification will be issued if, upon our search, the record cannot be located. FEE \$10.00.				
Signature of Applicant: _____		DATE: _____		
Address:† _____ (no PO Box, business, or c/o address)				
Phone Number: (_____) _____ Email (optional): _____				

*** NOTE:** If child or parent is applying and the surname is different from when the birth record was registered, the child or parent must provide evidence of the surname change (i.e., marriage record, court order, etc) before application is processed.

† NOTE: Driver's License or qualifying ID must be provided in order to have your request processed. **No P.O. Box;** must have street address.