

Information Page — Mail-in Application for Copy of Birth Certificate

General Instructions

- **Do not** use this application to submit your request *by fax*.
- Use this application only if you are the person named on the birth certificate or that person's parents.
- Use this application only if the birth occurred in New York State *outside* of New York City. **Do not** use this application if the birth occurred in any of the five (5) boroughs of New York City.
- **Do not** use this application for *genealogy requests*.
- Print a copy of this application, complete and sign.
- **Mail** application along with check or money order and a copy of the required documentation (see below).

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

Town of Geneseo
Attn: Town Clerk
4630 Millennium Drive
Geneseo, NY 14454

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

Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.

- 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) of the following showing the applicant's name and address:
- Utility bill or telephone bill
 - Letter from a government agency dated within the last six (6) months

Fees: If no record is on file, a **No Record Certification** is issued and the fee is **not** refunded.

- **For regular handling:** 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 check or money order payable to the Town of Geneseo. **Do not send cash.**

Note: Payment submitted from foreign countries must be made by a check drawn on a United States bank or by

- international money order. Do not send cash.

Completing the Form

- If you are using Adobe Reader® 5.0 or newer (available as a free download from www.adobe.com) you can fill in the form directly in Adobe Reader by clicking on the appropriate space and entering the information (use the TAB key to move to the next field, shift-TAB to move backwards). Print the completed form, sign and mail to the above address.
- You can print out a blank copy of the form and then type or print the required information.
- Be sure to sign the form before mailing and include a check or money order made payable to the New York State Department of Health along with copies of the required identification.

Required ID must be included with application. Make check or money order payable to Town of Geneseo

For handling: Enclose \$10 per copy or No Record Certification.

Send to:

Town of Geneseo
Attn: Town Clerk
463 Millennium Drive
Geneseo, NY 14454

Date of Birth:

Name: (as listed on birth certificate)

[Redacted]			[Redacted]
First	Middle	Last	(mm / dd / yyyy)

Town, city or village where birth occurred: [Redacted]	Name of hospital where birth occurred: (If known) [Redacted]
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Maiden Name of Mother: (as listed on birth certificate) [Redacted]	Birth Certificate No.: (If known) [Redacted]
First Middle Maiden Last	Local Registration No.: (If known)

Father: (as listed on birth certificate) [Redacted]	Number of Copies Requested: [Redacted]
First Middle Last	Standard Size: Wallet Size:

Purpose for which Record is Required: (Check one)

<input type="checkbox"/> Passport	<input type="checkbox"/> Employment	<input type="checkbox"/> Drivers license	<input type="checkbox"/> Veteran's benefits
<input type="checkbox"/> Social Security	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Marriage license	<input type="checkbox"/> Court proceeding
<input type="checkbox"/> Retirement	<input type="checkbox"/> School entrance	<input type="checkbox"/> Welfare assistance	<input type="checkbox"/> Entrance into Armed Forces
<input type="checkbox"/> Other (specify)	[Redacted]		

What is your relationship to person whose record is required? (If self, state "SELF".) If attorney, give name and relationship of your client to person whose record is required:

[Redacted]

This office requires written authorization of the person/parents whose record is requested.

Signature of Applicant:

Date Signed: _____
Month Day Year

Regular Handling \$10.00 x _____ Copies \$ _____

Address of Applicant:

[Redacted]
(Applicant's Name)
[Redacted]
(Street)
[Redacted] [Redacted] [Redacted]
(City) (State) (Zip)

Telephone No.: [Redacted] [Redacted]
[Redacted]

Please print or type the name and address where record should be sent: (If delivery is to a P.O. Box or third party, you must submit with this application a notarized statement signed by the applicant and a copy of the applicant's drivers license.)

[Redacted]
(Name)
[Redacted]
(Street)
[Redacted] [Redacted]
(City) (State) (Zip)