

MAIL ALL REQUESTS TO:
Office of the City Clerk
198 N. Washington St.
Rome, NY 13440

Information needed to obtain a Birth Certificate:

- **Application or letter of request** is required.
- **Letter of request must include:** Name at birth, date of birth, mother's name (*first, full middle, maiden name*), father's name (*first, full middle, last name*), reason for which the record is needed, and applicant's signature.
- **Identification:** copy of your **current** driver license or state issued identification card is required (current mailing address must match the address listed on your identification).
- **Payment:** In the form of a money order only - \$10.00 per copy - made payable to Rome City Clerk.

****Please include a self-addressed stamped envelope****

Information needed to obtain a Death Certificate:

- **Application or letter of request** is required.
- **Letter of request must include:** Full name of deceased, date of death, applicant's relationship to the deceased, reason for which the record is needed, and the applicant's signature.
- **Identification:** copy of your **current** driver license or state issued identification card is required (current mailing address must match the address listed on your identification).
- **Payment:** In the form of a money order only - \$10.00 per copy - made payable to Rome City Clerk

****Please include a self-addressed stamped envelope****

Information needed to obtain Genealogy copies:

Death Records: must be on file for at least 50 years for record to be released.

Birth Records: must be on file for at least 75 years for record to be released. You must provide documentation that the individual on the birth record is deceased.

Marriage Records: must be on file for at least 50 years for record to be released. You must provide documentation that both parties are deceased.

- **Application or letter of request** is required. The return mail policy is within 5-7 days upon receipt of the request, depending on the search.
- **Identification:** copy of your **current** driver license or state issued identification card is required (current mailing address must match the address listed on your identification).
- **Payment:** In the form of a money order only - made payable to Rome City Clerk (*see fee schedule below*)

| | | | |
|---------------|---------|---------------|----------|
| 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 |

VITAL RECORDS COPIES CANNOT BE PROVIDED FOR COMMERCIAL PURPOSES.

Return to: New York State Department of Health, Vital Records Section, P.O. Box 2602, Albany, NY 12220-2602

1. FEE - \$22.00 includes search and uncertified copy or notification of no record.
2. Original records of births and marriages for the entire state begin with 1881, deaths begin with 1880, EXCEPT for records filed in Albany, Buffalo and Yonkers prior to 1914. Applications for these cities should be made directly to the local office.
3. The New York State Department of Health does not have New York City records except for births occurring in Queens and Richmond counties for the years 1881 through 1897.
4. Please read the Administrative Rule Summary on the reverse side of this sheet which specifies years available for genealogical research.

To insure a complete search, provide as much information as possible.

Please complete the applicable section for each type of record requested: birth, death or marriage.

| | | | | |
|----------------------------|--|----------------------------|-------------------------|--|
| Birth | Name at Birth _____ | State File | Name at Birth _____ | |
| | Date of Birth _____ | Number _____ | Date of Birth _____ | |
| | Place of Birth _____ | | Place of Birth _____ | |
| | Father's Name _____ | | Father's Name _____ | |
| Mother's Maiden Name _____ | | Mother's Maiden Name _____ | | |
| Marriage | Name of Bride _____ | | Name of Bride _____ | |
| | Name of Groom _____ | | Name of Groom _____ | |
| | Date of Marriage _____ | State File | Date of Marriage _____ | |
| | Place of Marriage and/or License _____ | | Number _____ | Place of Marriage and/or License _____ |
| Death | Name at Death _____ | | Name at Death _____ | |
| | Date of Death _____ | Age at Death _____ | Date of Death _____ | |
| | Place of Death _____ | | Place of Death _____ | |
| | Names of Parents _____ | | Names of Parents _____ | |
| | Name of Spouse _____ | | Name of Spouse _____ | |
| | State File Number _____ | | State File Number _____ | |

For what purpose is information required? _____

What is your relationship to person whose record is requested? _____

In what capacity are you acting? _____

SIGNATURE OF APPLICANT _____ DATE _____

Address _____ Phone _____

Send record to: (please print)

Name _____

Address _____

City _____ State _____ Zip Code _____

If requesting birth and marriage records, please sign the following statement:
To the best of my knowledge, the person(s) named in the application are deceased.

SIGNATURE OF APPLICANT

Information Page — Mail-in Application for Genealogical Services

General Instructions

- Use this application only for *genealogy requests*.
- Print a copy of this application, complete & sign.
- If applying to Local Registrar, mail **application, current driver's license, and money order to:**

Rome City Clerk
198 N. Washington Street
Rome, NY 13440

- If applying to New York State Department of Health, mail **application, current driver's license, and money order to:**

New York State Department of Health
Vital Records Section
Certification Unit
P.O. Box 2602
Albany, NY 12220-2602

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

- **For standard search:** This includes a three (3) year search. The fee is \$22.00 per copy. The fee is for **each** name or type of record requested.
- **For long search:** When more than a three-year search is requested, the fee for each record in need of a longer search is higher according to the following schedule:

| | | | |
|---------------|---------|---------------|----------|
| 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 |

The fee applies separately to each record requested. For example, the fee for a request consisting of one birth record (1-year search), plus one death record (24-year search), plus one marriage record (11-year search) is a total of \$166.00 (\$22 + \$82 + \$62 = \$166)

Processing Time

For the latest information on processing times, please visit our web page at:
www.nyhealth.gov/vital_records/processingtime.htm

Available Records

- No information shall be released from a record unless the person to whom the record relates is known to the applicant to be deceased.
- No information shall be released unless the record has been on file for a minimum required period: birth records must have been on file for at least 75 years, death records for 50 years, marriage records for 50 years (both parties to the marriage must be deceased).
- The time periods above are waived if the applicant is a descendant and provides documentation of direct line descent. A party acting on behalf of a descendant shall further provide documentation that the descendant authorized the party to make such application.

Completing the Form

- 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 money order, identification, and/or copies of any required documentation.