

Instructions to obtain a Birth Certificate by mail:

- DO NOT USE THIS APPLICATION FOR GENEALOGY REQUESTS.
- Application or letter of request is required.
- If mailing letter of request, please include the following: name at birth, date of birth, mother's name (*first, full middle, maiden name*), father's name (*first, full middle, last name*), reason why you need the birth certificate, applicants phone #, mailing address, and signature.
- A copy of applicant's **valid** driver's license or state issued non-driver ID card is required (**current mailing address must match the address listed on applicant's identification**). If you do not have a valid driver's license, please contact our office at 315-339-7756 for other acceptable forms of identification.
- If you are not the parent on the record but have custody of the child, please provide a legible photocopy of the entire custody paperwork. Custody papers must be signed and certified or re-certified within one year from the date the application is received.
- The fee for a birth certificate is \$10.00 *per copy* - **Money orders only, we do not accept personal checks.** Please make money order payable to *Rome City Clerk*.
- The return mail policy is within 2 days upon receipt of the request. Please include a self-addressed stamped envelope with your request. *****If applicant's return address is a Post Office Box, a signed notarized letter of consent is required, giving the Rome City Clerk's Office permission to mail the birth certificate to the PO Box.**
- If your need is urgent, we suggest using an overnight mail service to send the request, and include a self-addressed, pre-stamped overnight envelope that we can send back once your request is processed. Overnight mail applications are processed the same day they are received in our office.

MAIL ALL REQUESTS TO:

**Office of the City Clerk
198 N. Washington St.
Rome, NY 13440**

For more information on eligibility requirements or to order vital records online, see the New York State Department of Health Vital Records at https://www.health.ny.gov/vital_records/

Application to Local Registrar for Copy of Birth Record

PLEASE COMPLETE FORM AND REMIT FEE

FEE: \$10.00 per copy. Make money order or certified check payable to **ROME CITY CLERK**. *Please do not mail in cash or personal checks.* All requests by mail should be sent to **Rome City Clerk - 198 N. Washington St., Rome, NY 13440.**

PLEASE INCLUDE A PHOTOCOPY OF YOUR VALID DRIVER LICENSE

PLEASE PRINT OR TYPE

NAME AT BIRTH				DATE OF BIRTH																											
First	Middle	Last																													
PLACE OF BIRTH			(Village, town or city)																												
Hospital (If not hospital, give street & number)																															
FATHER'S NAME			MOTHER'S MAIDEN NAME																												
First		Middle		Last		First		Middle		Last																					
NUMBER OF COPIES		BIRTH NO. (if known)				LOCAL REGISTRATION NO. (if known)																									
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; vertical-align: top;">PURPOSE FOR WHICH RECORD IS NEEDED (check one)</td> <td style="width: 25%;"><input type="checkbox"/> Passport</td> <td style="width: 25%;"><input type="checkbox"/> Working Papers</td> <td style="width: 30%;"><input type="checkbox"/> Welfare Assistance</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Social Security</td> <td><input type="checkbox"/> School Entrance</td> <td><input type="checkbox"/> Veteran's Benefits</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Retirement</td> <td><input type="checkbox"/> Driver's License</td> <td><input type="checkbox"/> Court Proceeding Entrance</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Employment</td> <td><input type="checkbox"/> Marriage License</td> <td><input type="checkbox"/> Entrance into Armed Forces</td> </tr> <tr> <td></td> <td colspan="3"><input type="checkbox"/> Other (specify) _____</td> </tr> </table>												PURPOSE FOR WHICH RECORD IS NEEDED (check one)	<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance		<input type="checkbox"/> Social Security	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits		<input type="checkbox"/> Retirement	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding Entrance		<input type="checkbox"/> Employment	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance into Armed Forces		<input type="checkbox"/> Other (specify) _____		
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What is your relationship to person whose record is required? If self, state "SELF."						IF ATTORNEY, name and relationship of your client to person whose record is required:																									
_____						_____																									
_____						_____																									
Signature of Applicant						Date																									
_____						_____																									
Address of Applicant						Name and address where record should be sent																									
_____						_____																									

**ROME CITY CLERK
198 N. WASHINGTON ST.
ROME, NY 13440
(315) 339-7659**