

## *Instructions for obtaining a Certified Birth Transcript (long form) by mail*

- **DO NOT USE THIS APPLICATION FOR GENEALOGY REQUESTS.**
- The only individuals entitled to *certified* copies of a birth record are the person born or his/her parents.
- Application *or* letter of request is required.
- If mailing a letter of request, be sure include the following:
  - *Full* name at the time of birth (*first, middle, last*)
  - Date of birth
  - Mother's *full* maiden name (*first, middle, last*)
  - Father's *full* name (*first, middle, last*)
  - Reason for which the record is needed
  - Applicant's phone number, mailing address, and signature
- Identification Requirements - application must be submitted with copies of either A or B:
  - A) **One (1)** of the following forms of valid photo-identification:
    - *Valid* driver license (***must show current mailing address***)
    - *Valid* state-issued non-driver photo-identification card (***must show current mailing address***)
  - B) **Two (2)** of the following showing the applicant's name and current mailing address:
    - Utility or telephone bills
    - Letter from a government agency dated within the last six (6) months
- **If you are not the parent on the record but have custody of the child, please provide a legible photocopy of all custody paperwork. Custody papers must be signed and certified or re-certified within six months from the date the application is received.**
- The fee for a certified birth transcript is **\$10.00 per copy**.
  - **Payments must be made by money orders only, payable to Rome City Clerk.**
- The return mail turnaround time is within two (2) business days upon receipt of the request. Please include a self-addressed and pre-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 record 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 and pre-stamped overnight envelope that we can send back once your request is processed. *Overnighted applications are processed the same day as 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, please visit the New York State Department of Health Vital Records website at [https://www.health.ny.gov/vital\\_records/](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**

<b>NAME AT BIRTH</b>	First	Middle	Last	DATE OF BIRTH
<b>PLACE OF BIRTH</b>	Hospital (If not hospital, give street & number)			(Village, town or city)
<b>FATHER'S NAME</b>	First	Middle	Last	<b>MOTHER'S MAIDEN NAME</b>
<b>NUMBER OF COPIES</b>	<b>BIRTH NO. (if known)</b>			<b>LOCAL REGISTRATION NO. (if known)</b>
<b>PURPOSE FOR WHICH RECORD IS NEEDED (check one)</b>	<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) _____			
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:  _____
<b>Signature of Applicant</b>		<b>Date</b>		<b>Phone Number</b>
				<b>Email Address</b>
<b>Address of Applicant</b>				<b>Name and address where record should be sent</b>

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