

## *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/).*



OFFICE OF VITAL STATISTICS

ROME CITY HALL, 198 N. WASHINGTON ST.  
ROME, NEW YORK 13440-5815  
TEL.: (315) 339-7659 FAX: (315) 838-1160  
WWW.ROMENEWYORK.COM

APPLICATION FOR CERTIFIED TRANSCRIPT OF BIRTH

PLEASE COMPLETE FORM AND REMIT FEE. **PHOTOCOPY OF VALID DRIVER/NON-DRIVER ID IS REQUIRED.**  
**FEE: \$10.00 PER COPY** (cash or card in-person, money order or certified check for mailed-in requests)

PLEASE PRINT OR TYPE											
NAME		First	Middle	Last	DATE OF BIRTH						
<b>AT BIRTH</b>											
PLACE OF BIRTH		Hospital (If not hospital, give street & number)			(Village, town or city)						
ROME											
FATHER'S NAME		First	Middle	Last	MOTHER'S						
					First		Middle	Last			
<b>MAIDEN NAME</b>											
NUMBER OF COPIES		BIRTH NO. (if known)			LOCAL REGISTRATION NO. (if known)						
REASON FOR WHICH RECORD IS NEEDED (CHECK ONE)		<input type="checkbox"/> Passport <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement <input type="checkbox"/> Employment <input type="checkbox"/> Other (specify): _____			<input type="checkbox"/> Dual Citizenship <input type="checkbox"/> School Entrance <input type="checkbox"/> Driver/Non-Driver ID <input type="checkbox"/> Marriage License			<input type="checkbox"/> Welfare Assistance <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Court-Related Matter <input type="checkbox"/> Armed Forces Entry			
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		PHONE NUMBER			EMAIL ADDRESS		
PRINTED NAME AND MAILING ADDRESS OF APPLICANT					MAILED-IN REQUESTS MUST BE SUBMITTED TO:						
					ROME CITY CLERK 198 N. WASHINGTON ST. ROME, NEW YORK 13440						

FOR INTERNAL USE ONLY

Payment Amount: \_\_\_\_\_  
Payment Type: \_\_\_\_\_  
Date Mailed: \_\_\_\_\_