APPLICATION FOR A CERTIFIED TRANSCRIPT OF BIRTH

WHO IS ELIGIBLE TO OBTAIN A BIRTH RECORD

- The person named on the birth certificate if at least 18 years old.
- A parent of the person named on the birth certificate. The requesting parent's name must be on the birth certificate.
- A spouse, child, Legal Guardian or Power of Attorney, but only by order of a New York State court. You must provide a legible photocopy of the entire Custody/Power of Attorney or other court document in its entirety, signed and certified or re-certified, dated within six months from the date the application is received.
- A municipal, state or federal agency when needed for official purposes.
- This form is not to be used for Genealogy purposes.

TYPES OF IDENTIFICATION REQUIRED

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

A. **One** of the following forms of valid photo-ID:
   - Driver's license
   - State-issued, nondriver photo-ID card
   - Passport
   - U.S. Military-issued, photo-ID

OR

B. **Two** of the following showing the applicant's name and address:
   - Utility or telephone bill
   - Letter from a government agency dated within the last six months

FEE/MANNER OF PAYMENT

- $10.00 per copy
- Cash (if in person), Money Order, Bank Cashier's Check, Personal Check if from a local bank in the City of Oneida
- Money Orders and Checks shall be made payable to City Clerk.
- Credit or Debit Card (Visa, Master Card. Discover, American Express)

Please Note: **If no birth record is on file, you will receive a document stating this. The document is called a "No Record Certification". Your application fee will not be refunded.**

PLEASE NOTE:

- If mailing your application, please provide us with a No. 10 self-addressed, stamped envelope in order for us to process your request. If your need is urgent, we suggest using an overnight mail service, and include a self-addressed, pre-stamped overnight envelope that we can send back to you. All requests are processed the same day of receipt.
- We are prohibited from discussing specific Vital Records information over the telephone. All requests must be submitted in writing with the proper identification.

CITY OF ONEIDA
City Clerk
109 N. Main Street
Oneida, NY 13421
315-363-7378/315-363-9558 (Fax)

APPLICATION FOR RECORD OF BIRTH

CHECK FORM DESIRED: Fee is $10/Copy

_____CERTIFIED TRANSCRIPT OF BIRTH -DOH-2673
(Long Form-Includes Parent's Names)

_____CERTIFICATION OF BIRTH-DOH-2248a
(Short Form-Does not include Parent's Names)

_____Number of Copies

OFFICE USE ONLY:

Date Processed/Mailed:_____

By Whom: _____

NOTE: A "No Record Certification" will be issued if, upon our search, the desired record cannot be located. The $10 fee applies.

PLEASE REQUEST CERTIFIED TRANSCRIPT OF BIRTH (Long Form) FOR PASSPORT APPLICATIONS AND DMV

BIRTH NAME OF CHILD FIRST	MIDDLE	LAST
DATE OF BIRTH	SEX (Optional)	LOCAL REGISTRATION NO. if known
PLACE OF BIRTH (Hospital)	CITY OF ONEIDA	MADISON COUNTY
PARENT 1 FIRST	MIDDLE	LAST (Maiden if applicable)
PARENT 2 FIRST	MIDDLE	LAST (Maiden if applicable)
PURPOSE FOR RECORD o Adoption o Court/Custody o Employment o Entrance to the Armed Forces o Housing o ID/Driver's License	o Insurance o Marriage o Passport o School/Sports o Retirement o Social Security	o Welfare Assistance o Veteran's Benefits o Other (Please Specify) _____

What is your relationship to the person whose record is required? _____SELF _____PARENT _____ATTORNEY/LEGAL GUARDIAN

My signature certifies my understanding of and agreement with the requirements as stated in the general instructions on the application.

SIGNATURE:_____PRINTED NAME:_____DATE:_____

ADDRESS:_____ CITY/TOWN_____STATE_____ZIP CODE_____

***Cannot be sent to a P.O. Box, Business or C/0)**

PHONE#: (_____) _____ _____ EMAIL (OPTIONAL):_____

CITY OF ONEIDA
Office of the City Clerk
109 N. Main Street
Oneida, NY 13421
315-363-7378/315-363-9558 Fax

Applicant can either scan and email this form to our office or submit it through the mail with the completed application. All transactions are subject to approval and card authorization. **Fees apply: 2.19% Credit Cards; 1.79% Debit**

CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email: _____

Address: _____

Direct Telephone: (_____) _____ - _____

I hereby affirm that I am the owner of the below referenced credit card and that my name is listed on the front of the credit card.

I hereby authorize the City of Oneida, 109 N. Main St. Oneida, NY 13421, to charge my credit card (listed below) in the amount of $_____, according to the terms of the attached application.

_____
Account Holder Signature

CREDIT CARD INFORMATION (Please note if credit or debit)

Credit Card Type: _____ Visa _____ MasterCard _____ American Express _____ Discover

Card Number: _____

Expiration Month: _____ Expiration Year: _____ CVV No.: _____

Cardholder Signature :_____

Date: _____

**Please print legibly. If we are unable to verify your information, the application will be returned.

For Office Use Only

Confirmation ID: _____

By Whom:_____