

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.

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

Fee is \$10/Copy

____ Number of Copies

OFFICE USE ONLY:

Date Processed/Mailed: _____

By Whom: _____

PLEASE INCLUDE PAYMENT:

Check if from a Local Bank (Oneida)

Money Order

Cashier's Check

Payable to City Clerk

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

IF ADOPTED OR HAD A CHANGE TO YOUR BIRTH RECORD (LEGALLY CHANGED), USE THE NEW LEGAL INFORMATION

BIRTH NAME OF CHILD	<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST</u>
DATE OF BIRTH	SEX (Optional)		LOCAL REGISTRATION NO. if known
PLACE OF BIRTH (Hospital)	CITY OF ONEIDA		MADISON COUNTY
PARENT 1	<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST (Maiden if applicable)</u>
PARENT 2	<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST (Maiden if applicable)</u>
PURPOSE FOR RECORD			
<ul style="list-style-type: none"><input type="radio"/> Adoption<input type="radio"/> Court/Custody<input type="radio"/> Employment<input type="radio"/> Entrance to the Armed Forces<input type="radio"/> Housing<input type="radio"/> ID/Driver's License	<ul style="list-style-type: none"><input type="radio"/> Insurance<input type="radio"/> Marriage<input type="radio"/> Passport<input type="radio"/> School/Sports<input type="radio"/> Retirement<input type="radio"/> Social Security	<ul style="list-style-type: none"><input type="radio"/> Welfare Assistance<input type="radio"/> Veteran's Benefits<input type="radio"/> Other (Please Specify) <p>_____</p>	

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/O

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