

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	<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		<input type="checkbox"/> Insurance <input type="checkbox"/> Marriage <input type="checkbox"/> Passport <input type="checkbox"/> School/Sports <input type="checkbox"/> Retirement <input type="checkbox"/> Social Security	<input type="checkbox"/> Welfare Assistance <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> 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/O)**

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

CITY OF ONEIDA

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109 N. Main Street
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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 (\$1.00 minimum fee credit/debit card)**

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: _____