

**CITY OF ONEIDA**

**APPLICATION FOR GENEALOGICAL SERVICES**

VITAL RECORDS COPIES CANNOT BE PROVIDED FOR COMMERCIAL PURPOSES

Fee: \$22 Per Record

Includes search and uncertified copy or notification of no record.

- Original records of births, marriages, and deaths for the City of Oneida begin with 1885.
- By submitting this application, you confirm that you have read and understand the information attached to this application.

**BIRTH**

Name at Birth:	
Date of Birth:	
Place of Birth:	City of Oneida
Father's Name:	
Mother's Name: (Include Maiden Name)	

**MARRIAGE**

Name of Bride:	
Name of Groom:	
Date of Marriage:	
Place of Marriage:	

**DEATH**

Name at Death:	
Date of Death:	
Father's Name:	
Mother's Name: (Include Maiden Name)	
Name of Spouse: (If Known)	

For what purpose is this required: \_\_\_\_\_

What is your relationship to the person whose record is requested: \_\_\_\_\_

In what capacity are you acting: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**By signing this application, if requesting birth and marriage records, to the best of your knowledge, the person(s) named in the application are deceased.**

## GENERAL INFORMATION AND INSTRUCTIONS

- Use this application only for *genealogy requests*.
- Print a copy of this application, complete and sign.
- **Mail** application with check or money order and a copy of any required documentation (see below) to:

City of Oneida  
City Clerk  
109 N. Main Street  
Oneida, NY 13421

**Fees:** If no record is on file, a **No Record Report** will be issued, and the fee is **not** refunded.

- **For standard search:** This includes a three (3) year search. The fee is \$22.00 per copy. The fee is for **each** name or type of record requested.
- **For long search:** When more than a three-year search is requested, the fee for each record in need of a longer search is higher according to the following schedule:

1-3 Years	\$22.00	31-40 Years	\$102.00
4-10 Years	\$42.00	41-50 Years	\$122.00
11-20 Years	\$62.00	51-60 Years	\$142.00
21-30 Years	\$82.00	61-70 Years	\$162.00

\*Send a check or money order- payable to "City Clerk" or fill out the attached Credit Card Authorization Form. Please do not send cash.

### Processing Time

Requests are processed the day we receive them. When you receive a response depends on the mail.

### Available Records

- No information shall be released from a record unless the person to whom the record relates is known to the applicant to be deceased.
- No information shall be released unless the record has been on file for a minimum required period: birth records must have been on file for at least 75 years, death records for 50 years, marriage records for 50 years (both parties to the marriage must be deceased).
- The time periods above are waived if the applicant is a descendant and provides documentation of direct line descent. A party acting on behalf of a descendant shall further provide documentation that the descendant authorized the party to make such an application.

# 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 (\$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: \_\_\_\_\_