## NEW YORK STATE DEPARTMENT OF HEALTH Vital Records Section, Genealogy Unit P.O. Box 2602 Albany, New York 12220-2602

Name at Birth

## **General Information and Application** For Genealogical Services

VITAL RECORDS COPIES CANNOT BE PROVIDED FOR COMMERCIAL PURPOSES.

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2. Original records of births and marriages for the entire state begin with 1881, deaths begin with 1880, EXCEPT for records filed in Albany, Buffalo and Yonkers prior to 1914. Applications for these cities should be made directly to the local office.

3. The New York State Department of Health does not have New York City records except for births occurring in Queens and Richmond counties for the years 1881 through 1897.

4. Please read the Administrative Rule Summary on the reverse side of this sheet which specifies years available for genealogical research.

> To insure a complete search, provide as much information as possible. Please complete for type of record requested, birth, death OR marriage.

> > Name at Birth \_

	Date of Birth ————————————————————————————————————		Date of Birth					
8irth	Place of Birth	£	Place of Birth					
80	Father's Name —	ea	Father's Name — Mother's Maiden Name					
	Mother's Maiden Name							
0	Name of Bride							
arriag	Name of Groom—	<u></u> <u> </u>	Name of Groom  Date of Marriage  Place of Marriage and/or License  Name at Death					
	Date of Marriage —	5						
M	Place of Marriage and/or License ———————————————————————————————————							
	Name at Death							
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	Name of Spouse	0.00%	Name of Spouse	requested. A de- documentation of warvar or the war				
	what purpose is information required?			man hellingens lid 1				
	at is your relationship to person whose record in the capacity are you acting?	/						
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	I record to: (please print)	state	If requesting birth and marriage records, please sign the following statement:					
Nam	e		To the best of my knowledge, the person(s) named in the application are deceased.					
Addr	ess							
City	StateZip Code	SIG	NATURE OF APPLICANT					
DOH	l-1562 (06/2003)	-		(over)				