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.

- 1. FEE \$22.00 includes search and uncertified copy or notification of no record.
- 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	
Sirth	Place of Birth	£	Place of Birth	
•••	Father's Name	•••	Father's Name	
	Mother's Maiden Name		Mother's Maiden Name	
ø	Name of Bride	0	Name of Bride	
Marriage	Name of Groom-	0)	Name of Groom—	
<u>=</u>	Date of Marriage	Vielri	Date of Marriage ————	
2	Place of Marriage and/or License ———————————————————————————————————	2	Place of Marriage and/or License ————	
	Name at Death		Name at Death	
4	Date of Death Age at Death	4	Date of Death Age at Death	
eath	Place of Death	eath	Place of Death	
۵	Names of Parents —	۵	Names of Parents —	
	Name of Spouse		Name of Spouse	
For what purpose is information required?				
What is your relationship to person whose record is requested?				
In what capacity are you acting?				
SIGNATURE OF APPLICANT			DATE	
ADDRESS				
Send record to: (please print)		If requesting birth and marriage records, please sign the following statement:		
Name			To the best of my knowledge, the person(s) named in the application are deceased.	
Address				
City	State Zip Code	SIG	NATURE OF APPLICANT	
DOH-1562 (06/2003) (over)				

Ordering Instructions

Uncertified copies or abstracts from records of death can be provided for genealogical purposes. All uncertified copies and abstracts issued for genealogical purposes will be clearly marked with the statement "For Genealogical Purposes Only". All requests must be submitted in writing and include payment of the applicable statutory fee.

To order a record of death from this index complete form DOH-1562. Mail completed form and payment of \$22 per record to:

Oyster Bay Town Clerk 54 Audrey Avenue Oyster Bay, NY 11771

Payment must be by Money Order made payable to Oyster Bay Town Clerk, Personal Checks are not acceptable.