NEW YORK STATE DEPARTMENT OF HEALTH Vital Records Section, Genealogy Unit P.O. Box 2602

Albany, New York 12220-2602

To Mail Locally See 2nd Page

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			Name at Birth
	Date of Birth			Date of Birth
BITT	Place of Birth		Birth	Place of Birth
1	Father's Name		-	Father's Name
	Mother's Maiden Name			Mother's Maiden Name
<u> </u>	Name of Bride		ø	Name of Bride
Marriage	Name of Groom————		Marriag	Name of Groom———————————————————————————————————
ō	Date of Marriage —		5	Date of Marriage —
	Place of Marriage and/or License ———————————————————————————————————		4	Place of Marriage and/or License —
	Name at Death			Name at Death
£	Date of Death	Age at Death	_	Date of Death Age at Death
Death	Place of Death		eath	Place of Death
۵	Names of Parents —		۵	Names of Parents —
	Name of Spouse			Name of Spouse
For v	what purpose is information red	quired?	D	
ln wl	nat capacity are you acting?			
SIGI	NATURE OF APPLICANT			DATE
ADD	RESS			
Send	record to: (please print)		If re	questing birth and marriage records, please sign the following ment:
Name			To th	ne best of my knowledge, the person(s) named in the application
Addre	ess		are c	leceased.
City _	State	Zip Code	SIG	NATURE OF APPLICANT
DOH	-1562 (06/2003)	<u> </u>		(over)

Health Commissioner's Administrative Rules and Regulations Summary

1. Genealogical Research

Uncertified copies or abstracts from records of birth, death, and marriage may be provided for genealogical research purposes subject to the restrictions specified in this summary. All requests must be submitted in writing and include payment of the applicable statutory fee. The applicant shall be required to pay the specified fee for the time spent for the search and uncertified copy of notification of no record.

2. Who is authorized to do the searching?

Record searches shall be conducted only by the following persons in the files maintained by their respective agencies:

- a. authorized employees of the State Department of Health;
- b. a local registrar, deputy registrar, or an authorized employee of the registrar;
- c. a town or city clerk, deputy clerk, or an authorized employee of the town or city clerk.

3. What records are available?

- a. No information shall be released from a record of birth which has been placed in a confidential file pursuant to Public Health Law Section 4138.
- b. No information shall be released from a record of birth unless the record has been on file for at least 75 years and the person to whom the record relates is known to the applicant to be deceased.
- No information shall be released from a record of death unless the record has been on file for at least 50 years.
- d. No information shall be released from a record of marriage unless the record has been on file for at least 50 years and the parties to the marriage are known to the applicant to be deceased.
- e. The time periods specified in (3B), (3C), and (3D) are waived if the applicant is a descendant or has been designated to act on behalf of a descendant of the person whose record is being requested. A descendant is a person in the direct line of descent. The applicant shall provide documentation of descendancy prior to the release of information in those instances where a waiver of the waiting period is requested. A party acting on behalf of a descendant shall further provide documentation that the descendant authorized the party to make such application.
- f. All uncertified copies, abstracts, or information issued for genealogical research purposes shall be clearly marked with the statement "For Genealogical Purposes Only."

4. Genealogy Fee Schedule

Fee schedule per one spelling of name. Fee varies depending on requested number of years to be searched. Unused fees will be refunded.

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

Please Mail Request Form and Payment to: Town of North Dansville

Certified Check or Money Order

Town of North Dansville Town Clerk's Office 14 Clara Barton St. Dansville, NY 14437