

City of Amsterdam Birth Certificate Requests

Birth records can **ONLY** be released to the person themselves once they are 18 years old, a parent listed on the birth record, a lawful representative or by court order. Birth records are **not public records** and New York State Public Health law protects their confidential nature. All those wishing a birth certificate must supply the full name at birth, date of birth, place of birth, father's name, mother's name including maiden name, and be able to prove their identity and verify the purpose for which the certificate is being requested.

The fee is **\$10.00** for *each* certified birth certificate.

IN PERSON: you must complete the **APPLICATION** and provide **PROPER IDENTIFICATION**. We accept checks, money orders, credit cards (\$3.00 credit card service fee) and/or cash.

BY MAIL: you must submit the completed **APPLICATION**, a **COPY** of the **PROPER IDENTIFICATION**** and a check or money order payable to **City of Amsterdam** for the cost of the certificate(s). Please enclose a self-addressed, stamped envelope. Mail to:

**City of Amsterdam City Clerk
61 Church Street
Amsterdam, New York 12010**

You must have **PROPER IDENTIFICATION:**

Identification Requirements:

- A. **One (1)** of the following forms of valid photo-ID:
- Driver license** (if the address on the driver license does not match your current mailing address then you must also provide two (2) items from B)
 - State issued non-driver photo-ID card
 - Passport
 - U.S. Military issued photo-ID
- B. **Two (2)** of the following showing the **applicant's name and address:**
- Utility or telephone bills
 - Letter from a government agency dated *within the last six (6) months*

****Please be sure that the address listed on your form of identification matches the address on the application form. If they do not match, you **MUST** submit **TWO (2)** items from B, which must provide your name and address matching the address provided on application. If not provided, this will result in a delay in processing your request. ****

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

Name			Date of Birth		
First	Middle	Last	MM	DD	YYYY
Place of Birth			(Village, Town or City)		County
Hospital (If not hospital, give street & number)					
Father			Maiden Name of Mother		
First	Middle	Last	First	Middle	Last

Number of Copies Requested	Enter Birth No. if Known	Enter Local Registration No. if Known
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Purpose for Which Record is Required (Check One)

<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance
<input type="checkbox"/> Social Security-Retirement	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits
<input type="checkbox"/> Social Security-SSI	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding
<input type="checkbox"/> Retirement	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance into Armed Forces
<input type="checkbox"/> Employment		
<input type="checkbox"/> Other (Specify) _____		

APPLICANT INFORMATION

NAME		If attorney, give name and relationship of your client to person whose record is required
FIRST	MIDDLE	
What is your relationship to person whose record is required?		
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____		
Telephone No. (____) _____-____		(name of client)
Social Security No. _____-____-____		(relationship)
Signature of Applicant		FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)
Date		
MM DD YY		
Address of Applicant		
Street		TYPE OF ID <input type="checkbox"/> Driver's License State _____ No. _____
City		<input type="checkbox"/> Other ID, specify _____ No. _____
State		
Zip Code		