### 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. A birth record, for those people born in the City of Amsterdam, also can be requested by mail, under the same restrictions mentioned above. 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 identify and verify the purpose for which the certificate is being requested.

#### **IN PERSON**

You must have **PROPER IDENTIFICATION**:

Identification Requirements - **either** A or B:

- **A.** One (1) of the following forms of valid photo-ID:
- Driver license
- 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

Fee is \$10.00 for each certified Birth Certificate

We accept checks, money orders, credit cards (\$3.00 service fee) and/or cash.

\*\*IF YOU WERE BORN AT **AMSTERDAM MEMORIAL HOSPITAL** YOU MUST CONTACT THE **AMSTERDAM**TOWN CLERK AT (518) 842-7961\*\*

#### **BY MAIL**

Fill out the application, mail along with a copy of your Identification and a \$10.00 check or money order, for each certified Birth Certificate, made payable to City of Amsterdam to the following address:

City of Amsterdam 61 Church St. Amsterdam, NY 12010 Please enclose a self addressed, stamped envelope

\*\*Please be sure that the address listed on your form of identification matches the address on the application form. If they do not match, this will result in a delay in processing your request. \*\*

# Application to Local Registrar for Copy of Birth Record

			CERTIFICATE	INFORMA	TION	#27 MIN 12 CO
Name	First	Middle	Last	Date of Birth M M D D Y Y Y Y		
Place of Hospital (If not hospital, give street & number) Birth				(Village, Town or City) County		
Father	First	Middle	Last	Maiden Na of Mother	ame First Mic	ldle Last
Number of Copies Requested Enter Birth No if Known				0.	Enter Local Registration No. if Known	
Purpose for Which Record is Required (Check One)  Passport Social Security-Retire Recirl Social Security-SSI Retirement Employment Other (Specify)				Working Papers Welfare Assistance  ement School Entrance Veteran's Benefits  Driver's License Court Proceeding  Marriage License Entrance into Armed Forces		
APPLICANT IN  NAME  FIRST MIDDLE LAST  What is your relationship to person whose record is required?  Self Parent Other, specify				If attorney, give name and relationship of your client to person whose record is required		
Telephone No. ( ) Social Security No.     -     -				(name of client) (relationship)  FOR REGISTRAR'S USE ONLY		
Signature of Applicant  Date  MM DD YY				TYPE OF ID  Driver's License  State No		
Address of Applicant Street				Other ID, specify		
City State Zip Code					No	

## TYPES OF ACCEPTABLE IDENTIFICATION

- 1. Driver's license
- 2. Non-driver's license
- 3. Passport
- 4. Naturalization Papers
- 5. Military ID
- 6. Employer's Photo ID
- 7. Two utility bills, showing applicant's name and address
- 8. Police report of lost or stolen ID

DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED