

OFFICE OF THE CITY CLERK

City Hall, 1 Kennedy Plaza
Utica, New York 13502
Tel.: (315) 792-0113
Fax: (315) 792-0220



Melissa Sciortino

City Clerk

Andrew Castilla

Deputy City Clerk

Tatiana Brooks

Registrar

**APPLICATION FOR COPY
OF BIRTH RECORD**

There is a **\$10** fee to obtain 1 copy of a birth record, additional copies are **\$10** each.
If obtaining the record in person through our office we accept cash, money order, or credit card.
If obtaining the record via mail or the drop box, we accept money order or credit card by phone.

Return this completed application **AND** a copy of acceptable identification **AND** the \$10 fee (**Payable to Vital Records**) to:
Vital Records
1 Kennedy Plaza (City Hall)
Utica, NY 13502

Include a self-addressed stamped envelope for expedited response.

TYPES OF ACCEPTABLE ID INCLUDE: Driver’s license, non-driver’s license, passport, naturalization papers, military ID, employer’s photo ID, two utility bills (showing applicant’s name & address), police report of lost or stolen ID

PLEASE NOTE: If, upon search, the desired record cannot be found, a **NO RECORD CERTIFICATION** will be issued and the \$10 fee will be retained by our office.

Certificate Information

Name _____
FIRST MIDDLE LAST

Date of Birth _____
MM/DD/YYYY

Place of Birth _____
HOSPITAL (IF NOT HOSPITAL, GIVE STREET & NUMBER)

VILLAGE, TOWN, OR CITY COUNTY

Father’s Name _____
FIRST MIDDLE LAST

Mother’s Name _____
FIRST MIDDLE LAST (MAIDEN)

Number of Copies Requested _____

Birth Number (If known) _____

Purpose for which Record is Required (Check one):

- School Entrance
- Passport
- Social Security – Retirement
- Social Security – SSI
- Retirement
- Employment
- Working Paper
- Other (Specify) _____
- Driver’s License
- Marriage License
- Welfare Assistance
- Veteran’s Benefits
- Court Proceeding
- Armed Forces Entrance

Applicant Information

Name _____
FIRST MIDDLE LAST

Phone Number _____

Social Security Number _____

Applicant’s Address _____
STREET & NUMBER

CITY STATE ZIPCODE

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:

NAME OF CLIENT RELATIONSHIP

Applicant’s Signature _____

Date of Application _____
MM/DD/YYYY

FOR INTERNAL USE ONLY

TYPE OF ID

- Driver’s License; State _____ No. _____
- Other ID; Specify _____
No. _____

* If you have any questions, please contact the City Registrar
Tatiana Brooks at tbrooks@cityofutica.com OR (315) 792 – 0184