

**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

**Maureen Moylan**

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):

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

**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  
Maureen Moylan at [mmoylan@cityofutica.com](mailto:mmoylan@cityofutica.com) OR (315) 792 – 0184