

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

Tatiyana 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. **No checks.**
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 _____

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. Client POA paperwork is required.

NAME OF CLIENT RELATIONSHIP

Applicant’s Signature _____

Date of Application _____
MM/DD/YYYY

Parent must be listed on Birth Record or have Court Order to obtain a copy of Birth Record
Applicant must be present to obtain copy of Birth Record. Court Order or valid POA paperwork is required to obtain copy on another's behalf.

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