

OFFICE OF THE CITY CLERK

Vital Records at City Hall

1 Kennedy Plaza

Utica, New York 13502

Tel.: (315) 792-0113

Fax: (315) 792-0220



Melissa Sciortino

City Clerk/Registrar

Andrew Castilla

Deputy City Clerk

**APPLICATION FOR COPY
OF BIRTH RECORD**

There is a **\$10** fee to obtain 1 copy of a birth record, additional copies are **\$10** each.

Return this completed application **AND** a copy of acceptable identification **AND** the \$10 fee in person to the address listed above **OR** submit via email to registrar@cityofutica.com. We accept cash, credit card and money orders **ONLY**. **NO CHECKS**

If obtaining the record via mail or the drop box, please allow 7 business days to process. We accept money order or credit card by phone. Money orders must be submitted at the time of application. We will contact you for credit card information once the application is processed. Include a self-addressed stamped envelope for expedited response.

Incomplete applications or applications submitted without acceptable identification **WILL NOT** be processed.

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 at registrar@cityofutica.com OR (315) 792 – 0184