

Genealogy Available Records

- No information shall be released from a record unless the person to whom the record relates is known to the applicant to be deceased.
- No information shall be released unless the record has been on file for a minimum required period: birth records must have been on file for at least 75 years, death records for 50 years, marriage records for 50 years (both parties to the marriage must be deceased).
- The time periods above are waived if the applicant is a **descendant and provides documentation of direct line descent**. A party acting on behalf of a descendant shall further provide documentation that the descendant authorized the party to make such application.

When requesting a certificate, please include identification such as (choose one)

- Driver's license
- Non-driver's license
- Passport
- Naturalization Papers
- Military ID
- Employer's Photo ID
- TWO utility bills, showing applicant's name and address
- TWO letters from a government agency dated within the last 6 months
- Police report of lost or stolen ID

Copies will not be issued unless one of the above types of identification is presented and proper documentation is included. The information will be provided in the form of an uncertified copy or an uncertified transcript. Each uncertified copy or uncertified transcript will include the statement "For Genealogical Purposes Only". If the record is not on file, an uncertified statement that the search disclosed no record is provided to the applicant.

Send application, identification, a self-addressed, stamped envelope, and a check or money order (\$22 per copy) payable to Cuba Town Clerk, and mail to Cuba Town Clerk, 15 Water St., Cuba, NY 14727.

Fees: If no record is on file, a No Record Report will be issued and the fee is **not** refunded.

- For standard search: This includes a three (3) year search, the fee is \$22.00 per copy. The fee is for each name or type of record requested.

General Information and Application for Genealogical Services

VITAL RECORDS COPIES CANNOT BE PROVIDED FOR COMMERCIAL PURPOSES.

Return to: New York State Department of Health, Vital Records Section, P.O. Box 2602, Albany, NY 12220-2602

1. FEE - \$22.00 includes search and uncertified copy or notification of no record.
2. Original records of births and marriages for the entire state begin with 1881, deaths begin with 1880, EXCEPT for records filed in Albany, Buffalo and Yonkers prior to 1914. Applications for these cities should be made directly to the local office.
3. The New York State Department of Health does not have New York City records except for births occurring in Queens and Richmond counties for the years 1881 through 1897.
4. Please read the Administrative Rule Summary on the reverse side of this sheet which specifies years available for genealogical research.

To insure a complete search, provide as much information as possible.

Please complete the applicable section for each type of record requested: birth, death or marriage.

Birth	Name at Birth _____ Date of Birth _____ State File Number _____ Place of Birth _____ Father's Name _____ Mother's Maiden Name _____	Birth	Name at Birth _____ Date of Birth _____ State File Number _____ Place of Birth _____ Father's Name _____ Mother's Maiden Name _____
Marriage	Name of Bride _____ Name of Groom _____ Date of Marriage _____ State File Number _____ Place of Marriage and/or License _____	Marriage	Name of Bride _____ Name of Groom _____ Date of Marriage _____ State File Number _____ Place of Marriage and/or License _____
Death	Name at Death _____ Date of Death _____ Age at Death _____ Place of Death _____ Names of Parents _____ Name of Spouse _____ State File Number _____	Death	Name at Death _____ Date of Death _____ Age at Death _____ Place of Death _____ Names of Parents _____ Name of Spouse _____ State File Number _____

For what purpose is information required? _____

What is your relationship to person whose record is requested? _____

In what capacity are you acting? _____

SIGNATURE OF APPLICANT _____ DATE _____

Address _____ Phone _____

Send record to: (please print)

Name _____

Address _____

City _____ State _____ Zip Code _____

If requesting birth and marriage records, please sign the following statement:
 To the best of my knowledge, the person(s) named in the application are deceased.

SIGNATURE OF APPLICANT