

City of Amsterdam, New York

Birth Certificates

There are three ways to obtain your own or your child's birth certificate:

IN PERSON

You must have PROPER IDENTIFICATION:

- Identification Requirements - application must be submitted with copies of either A or B:

One (1) of the following forms of valid photo-ID:

- Driver license
- State issued non-driver photo-ID card
- Passport
- U.S. Military issued photo-ID

Two (2) of the following showing the applicant's name and address:

- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

Fee is \$10.00. We accept checks, money orders, and/or cash.

****IF YOU WERE BORN AT AMSTERDAM MEMORIAL HOSPITAL YOU MUST CONTACT THE AMSTERDAM TOWN CLERK AT (518) 842-7961****

BY MAIL

Fill out the application and mail along with a copy of your Identification and a \$10.00 check or money order made payable to City of Amsterdam to the following address:

City of Amsterdam
61 Church St.
Amsterdam, NY 12010

Please enclose a self addressed, stamped envelope.

BY PHONE OR INTERNET

The New York State Department of Health does not accept credit cards or on-line orders for vital records. However, for your convenience, you can process on-line requests through VitalChek Network, Inc., an independent company that we have partnered with in order to provide this service. VitalChek can be reached either through its website, www.vitalchek.com, or by phone at 1-877-854-4481. An additional fee is charged by VitalChek for using this service. VitalChek accepts all major credit cards, including American Express®, Discover®, Visa® and MasterCard®.

Fees:

VitalChek Processing Charge - \$7.25 per transaction and includes all certificate copies requested.

UPS Return Delivery Charge (optional) - \$14.00 per transaction to destinations within the continental United States; call VitalChek at 1-877-854-4481 for rates to other destinations.

Certified Copy Fee (Priority Handling) - Internet and telephone requests receive priority handling. The \$45.00 fee for each certified copy of a birth, marriage, death or divorce certificate requested includes a \$15.00 (per copy) priority handling fee.

Note:

The total cost of the New York State copy fee, priority handling fee, VitalChek processing charge and UPS charge (if applicable), will be posted to your credit card account.

You must use your own major credit card.

How long will it take?

Internet or telephone requests receive priority handling and are processed within five (5) to ten (10) business days of receipt.

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION																									
Name	First	Middle	Last	Date of Birth	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									M	M	D	D	Y	Y	Y	Y				
M	M	D	D	Y	Y	Y	Y																		
Place of Birth	Hospital (If not hospital, give street & number)			(Village, Town or City)	County																				
Father	First	Middle	Last	Maiden Name of Mother	First	Middle	Last																		
Number of Copies Requested	Enter Birth No. if Known		Enter Local Registration No. if Known																						
Purpose for Which Record is Required (Check One)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Passport</td> <td style="width: 33%;"><input type="checkbox"/> Working Papers</td> <td style="width: 33%;"><input type="checkbox"/> Welfare Assistance</td> </tr> <tr> <td><input type="checkbox"/> Social Security-Retirement</td> <td><input type="checkbox"/> School Entrance</td> <td><input type="checkbox"/> Veteran's Benefits</td> </tr> <tr> <td><input type="checkbox"/> Social Security-SSI</td> <td><input type="checkbox"/> Driver's License</td> <td><input type="checkbox"/> Court Proceeding</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td><input type="checkbox"/> Marriage License</td> <td><input type="checkbox"/> Entrance into Armed Forces</td> </tr> <tr> <td><input type="checkbox"/> Employment</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Other (Specify) _____</td> <td colspan="2"></td> </tr> </table>							<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance	<input type="checkbox"/> Social Security-Retirement	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Social Security-SSI	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding	<input type="checkbox"/> Retirement	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance into Armed Forces	<input type="checkbox"/> Employment			<input type="checkbox"/> Other (Specify) _____		
<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance																							
<input type="checkbox"/> Social Security-Retirement	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits																							
<input type="checkbox"/> Social Security-SSI	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding																							
<input type="checkbox"/> Retirement	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance into Armed Forces																							
<input type="checkbox"/> Employment																									
<input type="checkbox"/> Other (Specify) _____																									
APPLICANT INFORMATION																									
NAME				If attorney, give name and relationship of your client to person whose record is required																					
FIRST	MIDDLE	LAST	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 60%; height: 30px;"></td> <td style="border: 1px solid black; width: 40%; height: 30px;"></td> </tr> <tr> <td style="text-align: center;">(name of client)</td> <td style="text-align: center;">(relationship)</td> </tr> </table>							(name of client)	(relationship)														
(name of client)	(relationship)																								
What is your relationship to person whose record is required?				<div style="background-color: #cccccc; padding: 5px;"> FOR REGISTRAR'S USE ONLY <small>(Photocopy ID and attach to application form)</small> </div>																					
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____																									
Telephone No. () - - - - - Social Security No. - - - - -																									
Signature of Applicant				TYPE OF ID <input type="checkbox"/> Driver's License State _____ No. _____ <input type="checkbox"/> Other ID, specify _____ No. _____																					
Date																									
MM DD YY																									
Address of Applicant																									
Street _____ City _____ State _____ Zip Code _____																									