Instructions to Apply for Dual Citizenship Records

Please see below for Dual Citizenship requirements

Please complete the certificate applications and corresponding affidavit

Attach a copy of a valid photo ID.

Acceptable forms of identification are:

- Driver's License
- Non-driver's License
- Passport
- Two utility bills, showing applicants' name and address.

Enclose a money order or check payable to "Oswego City Clerk" for applicable fees. Personal checks from a non-local bank will have a 15 business day hold before releasing any documents.

Send the application along with corresponding affidavit, copy of photo ID and the payment to:

Oswego Town Clerk's Office
2320 County Route 7
Oswego, New York 13126

If you have questions or concerns, please contact townclerk@townofoswego.com

Dual Citizenship

A person may be a citizen of more than one country. This can happen automatically, based on the citizenship laws of the countries involved. It can happen by marriage or by voluntary application based on a country's laws and requirements. For information about U.S. law and the potential issues regarding application for citizenship with another country, visit the *U.S. State* Department Services Dual Nationality web page.

Often when applying for citizenship with another country, individuals are required to provide documentation of lineage in the form of their birth certificate, marriage record(s) and the birth, death and marriage records of their parents, grandparents, great-grandparents and beyond.

Requirements of Foreign Countries

The process and requirements for applying for citizenship are developed by each individual country and may vary. Many countries require certified copies of vital events to verify an applicant's claim of lineage. Access to certified copies of Vital Records in New York State is restricted by Public Health Law Section 4174, Section 4139 and Domestic Relations Law Section 20.

If the country where you are applying for citizenship will accept genealogy copies (uncertified copies) of vital records, please visit our **Genealogy Page** for ordering information

***PLEASE NOTE: A "CERTIFIED BIRTH CERTIFICATE" IS NOT OBTAINABLE WITHOUT A COURT ORDER UNLESS YOU ARE THE PERSON NAMED ON THE BIRTH CERTIFICATE OR A PARENT OF THE PERSON NAMED ON THE BIRTH CERTIFICATE.**

IF THE PERSON NAMED ON THE BIRTH CERTIFICATE IS KNOWN TO BE DECEASED THEN YOU MUST PROVIDE A COURT ORDER.

Dual Citizenship

If the country where you are applying for dual citizenship will accept genealogy copies (uncertified copies) of vital records, fill out a genealogy request form and submit it with proper identification and the fee of $22.00 per copy.

If the country requires certified copies of vital records, then applications must be submitted with the proper documentation & Identification.

Birth Certificates

If the Parents, Grandparents or Great Grandparents are living, they will need to request them themselves with the Application (DOH-296A), proper identification and a fee of $15.00 per copy. Someone with POA for them can also apply on their behalf.

Birth Certificates for deceased Parents, Grandparents, or Great Grandparents are NOT obtainable without a court order, the application (DOH-296A), Proper Identification, and a fee of $15.00 per copy.

Death Certificates

For Parents, Grand Parents & Great Grandparents you will need an application (DOH-294-A) and a notarized affidavit (DOH-5001) with documentation that shows your relationship to the above, Your Identification & a fee of $15.00 per Copy.

Marriage Certificates

If either spouse is living, they will need to request it themselves with Application (DOH-301), proper identification, and a fee of $10.00 per copy. Someone with POA for them can also apply on their behalf, or a court order to obtain it with application, identification and fee of $10.00 per copy.

For Parents, Grand Parents & Great Grandparents that are deceased, you will need an application (DOH-301) and a notarized affidavit (DOH-5000) that shows your relationship to them, Copies of a death records for them, Your Identification, and a fee of $10.00 per Copy.

Apostille

If an Apostille is needed, this is a 3-step process. First Step: obtaining certified copy from the clerk's office. Second Step: you will then be responsible for contacting Oswego County for validation. (Oswego County Clerk 315-349-8621) Third Step: you will then send certificate to New York State Department of State.

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Application to Local Registrar for Copy of Death Record

Fee: $15 per copy

Identification Requirements: Application *must* be submitted with copies of either A *or* B.
(Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.)

A. One (1) of the following forms of valid **photo-ID**

- Driver license
- Non-driver photo-ID card
- Passport
- U.S. military issued photo-ID

-OR-

B. Two (2) of the following showing the applicants name and address:

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

Name of Deceased: *First* *Middle* *Last*

Social Security No. of Deceased:

Date of Death or Period to be Covered by Search: (*mm/dd/yyyy*) From To

Date of Birth of Deceased: *mm/dd/yyyy*

Age at Death:

Maiden Name of Mother of Deceased: *First* *Middle* *Maiden Last*

Death Certificate No.: *(if known)*

Name of Father of Deceased: *First* *Middle* *Last*

Local Registration No.: *(if known)*

Place of Death: *Name of Hospital or Street Address* *Village, town or city* *County*

Number of Copies Requested: (For deaths occurring as of January 1, 1998 specify with or without confidential cause of death.)

Copies requested **with** confidential cause of death _____ Copies requested **without** confidential cause of death _____ Total number of copies requested _____

Purpose for which Record is Required:

What is your relationship to person whose record is required?

In what capacity are you acting?

If attorney, give name and relationship of your client to person whose record is required:

If you are not the parent or child of the deceased or the spouse of the deceased at the time of death, you must submit documentation of a lawful right or claim.

Signature of Applicant:
➢

Date Signed: Month Day Year

Last 4 Digits of Credit Card:

Address of Applicant:

(Applicant's Name)

(Street)

(City) *(State)* *(Zip)*

Telephone No.: ( ) .

FOR REGISTRAR'S USE ONLY
(Photocopy ID and attach to application form)

Type of ID:
☐ Driver License
Issuing state: _____
Expiration Date: _____
Number: _____
☐ Other ID, Specify
Number: _____
Type: _____
Number: _____
Type: _____

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Affidavit to Request Certified Copy of Death Certificate

Affidavit for Use with Dual Citizenship Application Requests

FOR OFFICE USE
Ref. # _____

I, _____, swear or affirm under penalty of perjury that the statements made herein and any accompanying documentation are true and correct to the best of my knowledge and belief.

I reside at _____
(Street Address) *(City)* *(State)* *(ZIP Code)*

and I am requesting a certified copy of the death record of _____ who
(Full Name of Deceased - First Middle Last)

was born on _____ and who died on _____.
(MM/DD/YYYY) *(Date of Death or Period to Be Searched)*

The death occurred in the City, ~~Town or Village~~ of Oswego in New York State.
(City, Town or Village Where Death Is Believed to Have Occurred)

A certified copy of this record is required for the purpose of obtaining citizenship with _____.
(Name of Country)

I am related to the Deceased as follows: *(Show name and relationship of descendents from the deceased to yourself. For example,* I, Joseph Kelly, am the son of Mary McCormick, who is the daughter of Simon Green, who is the son of the deceased, Alice Faillugh.)

I also swear or affirm that this affidavit is being made for the sole purpose of obtaining the death certificate for the purpose stated above. (Submit photocopies of the citizenship requirements as well as any birth and/or marriage records necessary to document your relationship to the deceased.)

▶ _____
Signature of Applicant

Below to be completed by Notary Public

STATE OF _____
COUNTY OF _____ } SS:

Subscribed and sworn to
(affirmed) before me this _____ day

of _____, _____.

▶ _____
Notary Public

DOH-5001 (5/10)

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Application to Town/City Clerk for Copy of Marriage Record

TYPE OF RECORD DESIRED (Enter Number of Copies)

Search and Certified Transcript	☐	Fee $10.00 per copy

A Certified Transcript is an abstract from the marriage record issued under the seal of the town/city clerk. It includes the names of the contracting parties, their residence at the time the license was issued, date and place of marriage as well as date and place of birth of the bride and groom.

A Certified Transcript may be used as proof that a marriage occurred.

Search and Certified Copy	☐	Fee $10.00 per copy

A Certified Copy includes all of the items of information occurring on the original record of the marriage.

A Certified Copy may be needed where proof of parentage and certain other detailed information may be required such as: passports, veteran's benefits, court proceedings, or settlement of an estate.

Bride/Groom/Spouse

Name (as recorded on marriage license): *First* *Middle* *Last* *Birth Name (if different)*

Date of Birth: *(or age at time of marriage)*

If Previously Married, State Name Used at that Time: *First* *Middle* *Last*

Residence (at time of marriage): *County* *State*

Bride/Groom/Spouse

Name (as recorded on marriage license): *First* *Middle* *Last* *Birth Name (if different)*

Date of Birth: *(or age at time of marriage)*

If Previously Married, State Name Used at that Time: *First* *Middle* *Last*

Residence (at time of marriage): *County* *State*

Marriage Information

Place Where Marriage License Was Issued: *Town or City* *County*

Place Where Marriage Was Performed: *Town or City* *County*

Marriage Certificate No.: *(if known)*

Local Registration No.: *(if known)*

Purpose for which record is required:

Date of Marriage or Period Covered by Search:
Married on or Search from: _____ *(mm / dd / yyyy)*
Search to: _____ *(if searching period) (mm / dd / yyyy)*

In what capacity are you acting?:

What is your relationship to person whose record is required? (If self, state "SELF".)

If attorney, give name and relationship of your client to person whose record is required:

Signature of Applicant ▶ Date:

Applicant's Phone Number:

Name of Applicant:

Address of Applicant:

City *State* *ZIP*

Please print name and address where record is to be sent:

City *State* *ZIP*

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Affidavit to Request Certified Copy of Marriage Certificate

Affidavit for use with Dual Citizenship Application Requests

FOR OFFICE USE
Ref. # _____

I, _____, swear or affirm under penalty of perjury that the statements made herein and any accompanying documentation are true and correct to the best of my knowledge and belief.

I reside at _____
(Street Address) *(City)* *(State)* *(ZIP Code)*

and I am requesting a certified copy of the marriage record of _____ and
(Bride/Maiden Name)

_____ who were married on _____
(Groom) *(Date of Marriage)*

with a license issued by the City / ~~Town~~ of Oswego in New York State.
(Town or City where license is believed to have been issued)

A certified copy of this record is required for the purpose of obtaining citizenship with _____.
(Name of Country)

I am related to the Bride or Groom as follows: *(Show name and relationship of descendents from yourself to the bride or groom. For example,* I, Joseph Kelly, am the son of Mary McCormick, who is the daughter of Simon Green, who is the son of the bride, Alice Faillugh.)

I also swear or affirm that this affidavit is being made for the sole purpose of obtaining the record of marriage for the purpose stated above and that both the bride and groom on the record are deceased. (Submit photocopies of the bride and groom's death certificates with this affidavit.)

▸ _____
Signature of Applicant

Below to be completed by Notary Public

STATE OF _____
COUNTY OF _____ } SS:

Subscribed and sworn to
(affirmed) before me this _____ day

of _____, _____.

▸ _____
Notary Public

DOH-5000 (5/10)