Instructions to Request a Genealogy Record

Vital records registration started in New York State outside of New York City in 1881. Generally, our office provides uncertified copies of the following types of records for genealogy research purposes:

- Birth certificates - if on file for at least 75 years and the person whose name is on the birth certificate is known to be deceased.
- Death certificates - if on file for at least 50 years.
- Marriage certificates - if on file for at least 50 years and both spouses are known to be deceased.

Are the time periods ever waived?
The time periods are waived for direct-line descendants. A direct line descendant is a person in the direct line of descent, i.e., the child, grandchild, great grandchild of the person whose record is requested. The direct-line descendant applicant must provide the following:

- Proof of relationship to the person whose record they are requesting.
- Proof of the death of the person whose birth certificate they are requesting.
- Proof of the death of both spouses whose marriage certificate they are requesting.

Please complete the Genealogy Application

Attach a copy of your Photo ID. Acceptable forms of Identification are:

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

Enclose a money order/check payable to "Oswego Town" for $22.00 per copy. Please note that checks from a non-local bank will have a 15-business day hold before releasing any certificates.

Send the application along with a copy of photo ID and the payment to:

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

Be advised that Oswego Town Hall does NOT have a Fed-Ex or a UPS pick up therefore USPS will be used.

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

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section, Genealogy Unit
P.O. Box 2602
Albany, New York 12220-2602

General Information and Application For Genealogical Services

VITAL RECORDS COPIES CANNOT BE PROVIDED FOR COMMERCIAL PURPOSES.

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 for type of record requested, birth, death OR marriage.

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

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 _____

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