



DEPARTMENT OF VITAL RECORDS

Birth Certificates: Application by Mail

Please send a letter stating the following information:

- Full name as listed on the birth certificate
- Sex (male or female)
- Date of birth
- Mother's maiden name (her name prior to first marriage)
- Father's full name (if available)
- Your relationship to the person named on the birth certificate
- Your mailing address
- Reason why you are requesting the certificate

Along with the letter, please include:

- Check or money order payable to Village of Ellenville Registrar and the cost is \$10 per certificate.
- Stamped, self-addressed envelope.
- A copy of a signed, valid photo ID of the person named on the certificate. If photo ID is unavailable, submit two proofs of name and address, such as a utility bill or an entitlement award letter from a government agency.
- If you are applying for a certificate on behalf of someone else, you must provide us with an original, notarized letter signed by that person authorizing release of their certificate to you. You must bring with you that person's ID as well as your own.

Noreen Dechon Registrar ext. 307
ndechon@villageofellenville.com

Traci Jeter Deputy Registrar ext. 302
tjeter@villageofellenville.com

Village of Ellenville
2 Elting Court Ellenville, NY 12428
845.647.7080

**New York State Department of Health
Vital Records**

Mail-in Application for
Genealogical Services

VITAL RECORDS COPIES CANNOT BE PROVIDED FOR COMMERCIAL PURPOSES

1. FEE - \$22.00 includes search of up to three (3) years 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 instruction page for details on fees and record availability.

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:	BIRTH	Name at Birth:
	Date of Birth		Date at Birth:
	Place of Birth		Place of Birth:
	Father's Name:		Father's Name:
	Mother's Maiden Name:		Mother's Maiden Name:
MARRIAGE	Name of Bride:	MARRIAGE	Name of Bride:
	Name of Groom:		Name of Groom:
	Date of Marriage:		Date of Marriage:
	Place of Marriage and/or License:		Place of Marriage and/or License:
DEATH	Name at Death:	DEATH	Name at Death:
	Date of Death: Age at Death:		Date of Death: Age at Death:
	Place of Death:		Place of Death:
	Name of Parents:		Name of Parents:
	Name of Spouse		Name of Spouse:
	State File Number:		State File Number:
For what purpose is information required?		In what capacity are you acting?	
What is your relationship to person whose record is requested?			
Applicant's statement: To the best of my knowledge, the person(s) named in the application is(are) deceased.			
SIGNATURE OF APPLICANT:		Date:	
Name & Address of Applicant		Name & Address where record should be sent:	
Name of Applicant:		Name:	
Street:		Street: (or PO Box)	
City:		City:	
State & Zip:		State & Zip:	
Applicant's Phone Number:			
DOH-1562(h) (05/2005)			

MAIL REQUEST TO:
2 Elting Court
Ellenville, New York 12428