

## Birth Certificates

A birth certificate for an individual born in the City of Saratoga Springs may be obtained in person or by mailing your request to the City Clerk's Office in City Hall.

A copy of a birth certificate for an individual not born in the City of Saratoga Springs may be obtained from the city/town/village clerk where the individual was born. If you are not able to determine where the individual was born, a copy may be requested from the New York State Department of Health at [http://www.health.state.ny.us/vital\\_records/birth.htm](http://www.health.state.ny.us/vital_records/birth.htm).

A certified copy or certified transcript of a birth certificate may only be issued to:

- o A person with a New York State Court Order
- o The person named on the birth certificate, if 18 years of age or older
- o The parents or legal guardian (proof required) of the person named on the birth certificate
- o The lawful representative of the person named or the parents of the person named on the birth certificate
- o The Commissioner of Health, or
- o A municipal, state or federal agency when needed for official purposes

A certification of birth may be issued:

- o To the person named on the birth certificate, if under 18 years of age
- o To a person over 18 years of age, if a certification is what they prefer, or
- o To a person who can demonstrate the record is required for a judicial or other proper purpose

Birth certificates may not be obtained by grandparents, stepparents, siblings, spouse or any other relative.

Birth certificates may be obtained in person at the City Clerk's Office at City Hall by completing the attached application, paying a \$10 fee for each copy (cash, check, or money order made payable to the City Clerk) and providing one of the following types of identification:

- o Driver's license
- o State issued non-driver photo ID card
- o Passport
- o Naturalization papers
- o Military identification
- o Employer's photo identification
- o Two recent utility bills showing applicant's name and address
- o Police report of lost or stolen identification

Birth certificates may be obtained by mail by providing a written request, a completed copy of birth record form, a copy of one of the forms of identification listed above and including the \$10 fee (cash, check or money order made payable to the City Clerk). Mail this information to:

**City of Saratoga Springs City Clerk's Office  
474 Broadway, City Hall  
Saratoga Springs, NY 12866**

Specific questions should be directed to the Deputy Registrar at 518-587-3550 ext. 2548.

# 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
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Purpose for Which Record is Required (Check One)

<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**

<p>NAME</p> <p style="text-align: center;">FIRST      MIDDLE      LAST</p> <p>What is your relationship to person whose record is required?</p> <p><input type="checkbox"/> Self   <input type="checkbox"/> Parent   <input type="checkbox"/> Other, specify _____</p> <p>Telephone No. (____) _____-____</p> <p>Social Security No. _____-____-____</p>	<p>If attorney, give name and relationship of your client to person whose record is required</p> <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)				

<p>Signature of Applicant</p> <p style="text-align: right;">Date</p> <p style="text-align: right;"> <table style="width: 60px; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> <td style="text-align: center;">YY</td> </tr> </table> </p> <p>Address of Applicant</p> <p>Street _____</p> <p>City _____ State _____ Zip Code _____</p>				MM	DD	YY	<p style="text-align: center;"><b>FOR REGISTRAR'S USE ONLY</b></p> <p style="text-align: center;"><small>(Photocopy ID and attach to application form)</small></p> <p>TYPE OF ID</p> <p><input type="checkbox"/> Driver's License</p> <p style="margin-left: 20px;">State _____ No. _____</p> <p><input type="checkbox"/> Other ID, specify _____</p> <p style="margin-left: 20px;">No. _____</p>
MM	DD	YY					

**TYPES OF ACCEPTABLE IDENTIFICATION**

1. Driver's license
2. Non-driver's license
3. Passport
4. Naturalization Papers
5. Military ID
6. Employer's Photo ID
7. Two utility bills, showing applicant's name and address
8. Police report of lost or stolen ID

**DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED**

FOR REGISTRAR USE ONLY

DATE OF BIRTH: \_\_\_\_\_

TYPE OF ID: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

LAST: \_\_\_\_\_

FIRST: \_\_\_\_\_

MIDDLE: \_\_\_\_\_

DATE: \_\_\_\_\_

MM DD YY

SIGNATURE OF APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_