

Please fill out Completely
Please fill out Completely

BUREAU OF VITAL STATISTICS ~ CITY OF ONEIDA, NEW YORK
REQUEST FOR BIRTH RECORD COPY

Name at Birth

Date of Birth

Last

First

Middle

Month Day Year

Fathers Name

Maiden Name of Mother

Last

First

Last

First

Check purpose for which record is required:

- School Entrance Welfare Assistance
- Passport/Travel Employment
- Social Security Driver Permit / License
- Other _____

Number of copies needed (\$10.00 per copy) _____ Government Use copies needed _____.

(Must supply documentation from Government Agency that is Requesting certificate in order to obtain free copy **ie.social services**)

Relationship to applicant? _____
(If self, state self)

Signature of Applicant: _____ Date _____.

Day Time Phone#: _____

Address where birth record should be sent:

City Clerk, 109 North Main St. Oneida, New York 13421 (315) 363-7378

\$10.00 per copy Photo ID required

Money Orders Only- No Personal Checks Accepted

\$10 per copy
Photo ID required
Money Orders Only
No Personal Checks Accepted