



# Application for Genealogical Birth Records

Registrar 1 Roosevelt Sq. Mt. Vernon, NY 10550 (914) 665-2356

**PLEASE NOTE:** Uncertified copies or abstracts from records of birth may be provided for genealogical research purposes subject to the restrictions specified below:

A record of birth that has been on file for a minimum of 75 years and the person is known to be deceased

There is space below for two (2) separate requests

NO INFORMATION WILL BE RELEASED FROM A RECORD OF BIRTH THAT HAS BEEN PLACED IN A CONFIDENTIAL FILE

ALL COPIES WILL BE CLEARLY MARKED WITH THE STATEMENT "FOR GENEALOGICAL PURPOSES ONLY"

WE ONLY HAVE RECORDS FOR THOSE WHO WERE BORN IN MOUNT VERNON, NEW YORK. OUR RECORDS ARE FILED BY YEAR. INCLUSION OF THAT INFORMATION IS MANDATORY.

### FEE SEARCH SCHEDULE

1 TO 3 YEARS - \$22	41 TO 50 YEARS - \$122
4 TO 10 YEARS - \$42	51 TO 60 YEARS - \$142
11 TO 20 YEARS - \$62	61 TO 70 YEARS - \$162
21 TO 30 YEARS - \$82	71 TO 80 YEARS - \$182
31 TO 40 YEARS - \$102	81 TO 90 YEARS - \$202

### YOUR CHECKLIST:

- **Identification Requirements (One of the following)**

Driver's License, Non-driver's ID or US Passport **IDENTIFICATION CANNOT BE EXPIRED**

- **Proof of relationship (if needed)**

- **Payment due is \$22.00 per copy**

**In Person:** We accept cash, money order, certified bank check, Visa and MasterCard

**By Mail:** We only accept money order or certified bank check made payable to "The City of Mount Vernon"

**We do not accept personal checks.**

<b>BIRTH</b>	<p>Name at Birth: _____</p> <p>Mother's Maiden Name: _____</p> <p>Your relationship: _____</p>	<p>Date of Birth: _____</p> <p>Father: _____</p>
<b>BIRTH</b>	<p>Name at Birth: _____</p> <p>Mother's Maiden Name: _____</p> <p>Your relationship: _____</p>	<p>Date of Birth: _____</p> <p>Father: _____</p>

**APPLICANT INFORMATION:** To the best of my knowledge, the person(s) named in the application are deceased.

Full Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature \_\_\_\_\_ Email: \_\_\_\_\_

Date \_\_\_\_\_



CITY OF MOUNT VERNON, NEW YORK

REGISTRAR OFFICE

ONE ROOSEVELT SQUARE, ROOM 115

MOUNT VERNON, NEW YORK 10550

(914) 665-2356

Fax (914) 668-6044

www.cmvny.com

Tanesia M. Walters  
Registrar

Kelley E. Thomas  
Deputy Registrar

## **AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDIT CARD PAYMENT**

I, authorize the City of Mount Vernon Registrar Office to initiate debits to my credit card for the payment of a Birth Certificate, Death Certificate, Genealogy Certificate and document fee as indicated on the accompanying application. I understand that the credit card payment will be processed upon receipt of this authorization and the included application.

NAME OF APPLICANT: \_\_\_\_\_

### **REQUESTED DOCUMENT**

Birth Certificate     Death Certificate     Birth/Death Genealogy Certificate

### **CREDIT CARD INFORMATION**

**Type of Credit Card:**  Discover     Master Card     Visa    Amount: \$ \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on the Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: A COPY OF YOUR CURRENT PHOTO ID (U.S. DRIVER'S LICENSE OR PASSPORT) MUST ACCOMPANY THIS AFFIDAVIT.**

**THIS AUTHORIZATION AGREEMENT CAN BE MAILED OR EMAILED:**

Registrar Office, 1 Roosevelt Square, Mt. Vernon, NY 10550

kthomas@cmvny.com