

**Information Page Mail-in Application for Genealogical Services**

**General Instructions**

Use this application only for *genealogy requests*.

Print a copy of this application, complete and sign.

Mail application with check or money order and a copy of any required documentation (see below) to:

Town of Cobleskill  
378 Mineral Springs Road  
PO Box 327  
Cobleskill, NY 12043

**Fees:** If no record is on file, a **No Record Report** will be issued and the fee is **not** refunded.

**For standard search:** This includes a three (3) year search. The fee is \$22.00 per copy. The fee is for **each** name or type of record requested.

**For long search:** When more than a three-year search is requested, the fee for each record in need of a longer search is higher according to the following schedule:

1 - 3 years	\$22.00	31 - 40 years	\$102.00
4 - 10 years	\$42.00	41 - 50 years	\$122.00
11 - 20 years	\$62.00	51 - 60 years	\$142.00
21 - 30 years	\$82.00	61 - 70 years	\$162.00

The fee applies separately to each record requested. For example, the fee for a request consisting of one birth record (1-year search), plus one death record (24-year search), plus one marriage record (11-year search) is a total of \$166.00 (\$22 + \$82 + \$62 = \$166)

Send check or money order payable to the New York State Department of Health. Do not send cash.

**Note:** Payment submitted from foreign countries must be made by a check drawn on a United States bank or by international money order. **Do not send cash.**

**Available Records**

No information shall be released from a record unless the person to whom the record relates is known to the applicant to be deceased.

No information shall be released unless the record has been on file for a minimum required period: birth records must have been on file for at least 75 years, death records for 50 years, marriage records for 50 years (both parties to the marriage must be deceased).

The time periods above are waived if the applicant is a descendant and provides documentation of direct line descent. A party acting on behalf of a descendant shall further provide documentation that the descendant authorized the party to make such application.

**Completing the Form**

You can print out a blank copy of the form and then type or print the required information.

Be sure to sign the form before mailing and include a check or money order made payable to the Town Clerk  
Along with copies of any required documentation.

# General Information and Application for Genealogical Services

VITAL RECORDS COPIES CANNOT BE PROVIDED FOR COMMERCIAL PURPOSES.

Return to: Town of Cobleskill, 378 Mineral Springs Road, PO Box 327, Cobleskill, NY 12043

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 the applicable section for each type of record requested: birth, death or marriage.

<b>Birth</b>	Name at Birth _____ Date of Birth _____ State File Number _____ Place of Birth _____ Fathers Name _____ Mothers Maiden Name _____	<b>Birth</b>	Name at Birth _____ Date of Birth _____ State File Number _____ Place of Birth _____ Fathers Name _____ Mothers Maiden Name _____
<b>Marriage</b>	Name of Bride _____ Name of Groom _____ Date of Marriage _____ State File Number _____ Place of Marriage and/or License _____	<b>Marriage</b>	Name of Bride _____ Name of Groom _____ Date of Marriage _____ State File Number _____ Place of Marriage and/or License _____
<b>Death</b>	Name at Death _____ Date of Death _____ Age at Death _____ Place of Death _____ Names of Parents _____ Name of Spouse _____ State File Number _____	<b>Death</b>	Name at Death _____ Date of Death _____ Age at Death _____ Place of Death _____ Names of Parents _____ Name of Spouse _____ State File Number _____

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 \_\_\_\_\_ Phone \_\_\_\_\_

Send record to: (please print)  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Stat \_\_\_\_\_ Zip Coc \_\_\_\_\_

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