

Town of Hamilton

38 Milford Street | Hamilton, NY 13346

(315) 824-3380 | Fax (315) 824-0246 | www.TownofHamiltonNY.org

Sue Reymers, Town Clerk

For requests of copies for Marriage, Birth or Death Certificates or Genealogy Research, please fill out the appropriate NYS Department of Health Application and provide proof of identification. Requests can be made to the Town of Hamilton or to NYSDOH. Turn-around time for requests made to the Town can take up to two weeks, depending on the record and the nature of the search.

NYSDOH Form Required for Request	Cost	Requirements	Restrictions
Marriage DOH-301	\$10 per copy	Proof of Identification	Copies can only be requested to the couple that was married. If both are deceased, a genealogical copy can be requested if a lawyer makes the request on letterhead stating legal and proper purpose.
Birth DOH-296A	\$10 per copy	Proof of Identification	Typically, only the person named on the birth certificate or the parents may request a copy. Call 315-824-3380 for more information.
Death DOH-294A	\$10 per copy	Proof of Identification	A spouse, parent, child, lawful representative, or a person with a NYS Court Order showing necessity, as well as a few other circumstances can access a copy of a death record. Call 315-824-3380 for more information.
Genealogy Research DOH-1562	Min \$22.00. Records are not certified.	Proof of Identification	See the back of the Application for details.

Mail the completed form, a copy of your proof of identification and a MONEY ORDER, and any other required documentation to:

Town of Hamilton
38 Milford Street
Hamilton, NY 13346

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

First Middle Last			Date of Birth		
Name			<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div> M M D D Y Y Y Y </div>		
Place of Birth			<div> Hospital (If not hospital, give street & number) (Village, Town or City) </div>		
County					
First Middle Last			First Middle Last		
Father			Maiden Name of Mother		
Number of Copies Requested		Enter Birth No. if Known		Enter Local Registration No. if Known	

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

NAME		If attorney, give name and relationship of your client to person whose record is required	
FIRST	MIDDLE	LAST	
What is your relationship to person whose record is required?			
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____			
Telephone No. () - -			(name of client) (relationship)
Social Security No. - -			
Signature of Applicant		Date	
		<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div> MM DD YY </div>	
Address of Applicant			
Street			
City State Zip Code			

FOR REGISTRAR'S USE ONLY

(Photocopy ID and attach to application form)

TYPE OF ID

Driver's License

State No.

Other ID, specify

No.

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