



Office of Vital Statistics

Application for Genealogical Services

421 Montgomery Street, Syracuse, NY 13202

Search Details, Person #1: Type of record requested (check one): Birth Death

Years to be searched: _____ through _____

Name of person to be searched: _____

Other spellings or versions of name to be searched: _____

Name of father: _____ Name of mother: _____

Name(s) of spouse(s): _____

Date or approximate year of birth: _____

Place of birth (hospital or address): _____

Date or approximate year of death: _____ Place of burial: _____

Place pronounced dead (hospital or address): _____

Search Details, Person #2: Type of record requested (check one): Birth Death

Years to be searched: _____ through _____

Name of person to be searched: _____

Other spellings or versions of name to be searched: _____

Name of father: _____ Name of mother: _____

Name(s) of spouse(s): _____

Date or approximate year of birth: _____

Place of birth (hospital or address): _____

Date or approximate year of death: _____ Place of burial: _____

Place pronounced dead (hospital or address): _____

Applicant Information:

Name (please print): _____

Signature: _____ Date: _____

Your relationship to person #1: _____ Person #2: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Office Use Only:

Date of application: _____ Employee initials: _____