General Information and Application for Genealogical Services

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:

Lynn M. Krajacic
Evans Town Clerk
8787 Erie Road
Angola NY 14006

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.**

Processing Time

For the latest information on processing times, please visit our web page at:
www.nyhealth.gov/vital_records/processingtime.htm

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

- If you are using Adobe Reader® 5.0 or newer (available as a free download from *www.adobe.com*) you can fill in the form directly in Adobe Reader by clicking on the appropriate space and entering the information (use the TAB key to move to the next field, shift-TAB to move backwards). Print the completed form, sign and mail to the address shown above.
- 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 New York State Department of Health along with copies of any required documentation.