

Geneva City Clerk
47 Castle Street
Geneva, NY 14456

(315)789-2603
M – F 8:30am to 4:30pm
www.visitgenevany.com

Instructions for obtaining a certified birth certificate with a raised seal:

NOTE: The Geneva City Clerk's Office only has birth records for people who were born within the city limits, and birth certificates may only be obtained by the person named or a parent listed on the certificate. All birth certificates include parent(s) names listed on the birth record.

- Appear in person at the Geneva City Clerk's Office at 47 Castle Street, Geneva, NY with your photo ID (Driver's License) and request.

OR

- Send a written request indicating your name at birth and date of birth with a copy of your photo ID (Driver's License) to the Geneva City Clerk, 47 Castle Street, Geneva, NY 14456. A parent would send a copy of their own photo ID and give the child's name and date of birth.

In either instance, the fee is \$10.00 per certificate required in the form of cash, check or money order made payable to the "City of Geneva." A self-addressed, stamped envelope is appreciated for us to return the certificate.

Please note: the Geneva City Clerk does not accept credit or debit cards.

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

Name	First	Middle	Last	Date of Birth											
					M	M	D	D	Y	Y	Y	Y			
Place of Birth	Hospital (If not hospital, give street & number)			(Village, Town or City)							County				
	Father			Maiden Name of Mother			First		Middle			Last			
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

FIRST MIDDLE LAST

What is your relationship to person whose record is required?

Self Parent Other, specify _____

Telephone No. (____) _____-_____

Social Security No. _____-_____-_____

Signature of Applicant _____ Date _____

MM DD YY

Address of Applicant

Street _____

City _____ State _____ Zip Code _____

If attorney, give name and relationship of your client to person whose record is required

(name of client)	(relationship)

FOR REGISTRAR'S USE ONLY
(Photocopy ID and attach to application form)

TYPE OF ID

Driver's License
State _____ No. _____

Other ID, specify _____
No. _____