

Geneva City Clerk  
47 Castle Street  
Geneva, NY 14456

(315)789-2603  
M – F 8:30am to 4:00pm  
cityofgenevany.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: If appearing in person to apply for a birth certificate, the Geneva City Clerk's Office does accept credit or debit cards for a fee of \$1.25.

# Application to Local Registrar for Copy of Birth Record

## CERTIFICATE INFORMATION

<p style="text-align: center;">First            Middle            Last</p> <p>Name</p>	<p>Date of Birth</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> </tr> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>									M	M	D	D	Y	Y	Y	Y
M	M	D	D	Y	Y	Y	Y										
<p>Place of Birth</p> <p style="font-size: small;">Hospital (If not hospital, give street &amp; number)</p>	<p>(Village, Town or City)</p>	<p>County</p>															
<p style="text-align: center;">First            Middle            Last</p> <p>Father</p>	<p>Maiden Name of Mother</p> <p style="text-align: center;">First            Middle            Last</p>																

Number of Copies Requested	Enter Birth No. if Known	Enter Local Registration No. if Known
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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

<p>NAME</p> <p style="text-align: center;">FIRST            MIDDLE            LAST</p> <p>What is your relationship to person whose record is required?</p> <p><input type="checkbox"/> Self   <input type="checkbox"/> Parent   <input type="checkbox"/> Other, specify _____</p> <p>Telephone No. (____) _____-____</p> <p>Social Security No. _____-____-____</p>	<p>If attorney, give name and relationship of your client to person whose record is required</p> <table style="width: 100%; border: 1px solid black;"> <tr> <td style="width: 60%; height: 30px;"> </td> <td style="width: 40%; height: 30px;"> </td> </tr> <tr> <td style="text-align: center;">(name of client)</td> <td style="text-align: center;">(relationship)</td> </tr> </table>			(name of client)	(relationship)								
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<p>Signature of Applicant</p> <p style="text-align: right;">Date</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> </tr> <tr> <td>MM</td><td>DD</td><td>YY</td><td colspan="3"></td> </tr> </table>							MM	DD	YY				<p style="text-align: center;"><b>FOR REGISTRAR'S USE ONLY</b></p> <p style="font-size: small;">(Photocopy ID and attach to application form)</p> <p>TYPE OF ID</p> <p><input type="checkbox"/> Driver's License</p> <p style="margin-left: 20px;">State _____ No. _____</p> <p><input type="checkbox"/> Other ID, specify _____</p> <p style="margin-left: 20px;">No. _____</p>
MM	DD	YY											
<p>Address of Applicant</p> <p>Street _____</p> <p>City _____ State _____ Zip Code _____</p>													