

**VITAL RECORDS COPIES CANNOT BE PROVIDED FOR COMMERCIAL PURPOSES.**

**Return Form and Fees to:** New Lebanon Town Clerk  
Genealogical Services  
P.O. Box 328  
New Lebanon, NY 12125

- 1) **FEE:** Based on search required. See page 2 for Fee Schedule.
- 2) Please read the Administrative Rule Summary on page 2 which specifies years available for genealogical research.

**To insure a complete search, provide as much information as possible.**

**Please complete the applicable section for each type of record requested: birth, death or marriage.**

|                 |   |                 |   |
|-----------------|---|-----------------|---|
| <b>Birth</b>    | Name at Birth _____<br>Date of Birth _____<br>Place of Birth _____<br>Father's Name _____<br>Mother's Maiden Name _____                 | <b>Birth</b>    | Name at Birth _____<br>Date of Birth _____<br>Place of Birth _____<br>Father's Name _____<br>Mother's Maiden Name _____                 |
| <b>Marriage</b> | Name of Bride (at time of marriage) _____<br>Name of Groom _____<br>Date of Marriage _____<br>Place of Marriage and/or License _____    | <b>Marriage</b> | Name of Bride (at time of marriage) _____<br>Name of Groom _____<br>Date of Marriage _____<br>Place of Marriage and/or License _____    |
| <b>Death</b>    | Name at Death _____<br>Date of Date _____ Age at Death _____<br>Place of Death _____<br>Names of Parents _____<br>Names of Spouse _____ | <b>Death</b>    | Name at Death _____<br>Date of Date _____ Age at Death _____<br>Place of Death _____<br>Names of Parents _____<br>Names of Spouse _____ |

For what purpose is information required? \_\_\_\_\_

What is your relationship to person whose record is requested? \_\_\_\_\_

In what capacity are you acting? \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

Applicant's name (Print) \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Address \_\_\_\_\_  
(city) (State) (Zip)

Send record to: (please print)  
 \_\_\_\_\_  
(Name)  
 \_\_\_\_\_  
(address)  
 \_\_\_\_\_  
(City) (State) (Zip)

If requesting birth and marriage records, please sign the following statement:

***To the best of my knowledge, the person(s) named in the application are deceased.***

\_\_\_\_\_  
*Signature of Applicant*

## INFORMATION PAGE FOR GENEALOGICAL SERVICES

**Fees:** The fee is for the search as well as the record. If no record is on file, a **No Record Report** will be issued and the fee is not refunded.

- **For standard search:** This includes up to a three (3) year search. The fee is \$22.00 per copy. The fee is for **each** name and type of record requested.
- **For long search:** When more than a three-year search is requested, the fee for each record is based on the number of years being searched 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 |

Send check or money order  
payable to: *New Lebanon*  
*Town Clerk*

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).

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### Health Commissioner's Administrative Rules and Regulations *Summary*

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#### 1) **Genealogical Research**

Uncertified copies or abstracts from records of birth, death, and marriage may be provided for genealogical research purposes subject to the restrictions specified in this summary. All requests must be submitted in writing and include payment of the applicable statutory fee. The applicant shall be required to pay the specified fee for the time spent for the search and uncertified copy or notification of no record.

#### 2) **Who is authorized to do the searching?**

Record searches shall be conducted only by the following persons in the files maintained by their respective agencies:

- a. authorized employees of the State Department of Health;
- b. a local registrar, deputy registrar, or an authorized employee of the registrar;
- c. a town or city clerk, deputy clerk, or an authorized employee of the town or city clerk.

#### 3) **What records are available?**

- a. No information shall be released from a record of birth which has been placed in a confidential file pursuant to Public Health Law Section 4138.
- b. No information shall be released from a record of birth unless the record has been on file for at least 75 years and the person to whom the record relates is known to the applicant to be deceased.
- c. No information shall be released from a record of death unless the record has been on file for at least 50 years.
- d. No information shall be released from a record of marriage unless the record has been on file for at least 50 years and the parties to the marriage are known to the applicant to be deceased.
- e. The time periods specified in (3b), (3c), and (3d) are waived if the applicant is a descendant or has been designated to act on behalf of a descendant of the person whose record is being requested. A descendant is a person in the direct line of descent. The applicant shall provide documentation of descendency prior to the release of information in those instances where a waiver of the waiting period is requested. A party acting on behalf of a descendant shall further provide documentation that the descendant authorized the party to make such application.
- f. All uncertified copies, abstracts, or information issued for genealogical purposes shall be clearly marked with the statement "For Genealogical Purposes Only."