CITY OF JOHNSTOWN
Office of the City Registrar
33-41 East Main Street
Johnstown, New York 12095
(518) 736-4011

- OFFICE USE ONLY -

Document Located: Yes☐ No☐ Register #:_____

# of copies issued _____ x $11 = $ _____

Receipt # _____ Date: _____ /_____/ _____

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Signature _____

APPLICATION FOR GENEALOGICAL SEARCH

1. Fee: $11.00 per copy. Copies will NOT be certified and will indicate "FOR GENEALOGICAL PURPOSES ONLY"

2. Identification Requirements: Application must be submitted with copies of either A or B.

A. One (1) of the following forms of photo ID	B. Two (2) of the following showing applicants name and address:
• Driver's License / Non-Driver ID • Passport • Employment / Military ID	• Utility bill • Telephone bill • Letter from a government agency dated within the last six (6) months

3. Uncertified copies will only be issued for the following types of records:

- Birth certificates - if on file for at least 75 years and the person whose name is on the birth certificate is known to be deceased.
- Death certificates - if on file for at least 50 years.
- Marriage certificates - if on file for at least 50 years and both spouses are known to be deceased.

Time periods are waived for direct-line descendants (child, grandchild, great grandchild of the person whose record is requested). The direct-line descendant applicant must provide the following:

- Proof of their relationship to the person whose record they are requesting.
- Proof of the death of the person whose birth certificate they are requesting.
- Proof of the death of both spouses whose marriage certificate they are requesting.

Purpose of record: ☐ Genealogical Research ☐ Other _____	What is your relationship to person whose record is requested:

4. Search requested

BIRTH	Name at Birth:		Date of Birth: _____ / _____ /_____
	Name of Mother (Maiden Name):	Name of Father:	
MARRIAGE	Name of Bride/Groom/Spouse:	Name of Bride/Groom/Spouse:	
	Date of Marriage: _____ / _____ /_____	Place of Marriage:	
DEATH	Name of Deceased:	Date of Death: _____ / _____ /_____	Age at time of Death:
	Place of Death:	Name of Spouse:	
	Name of Mother:	Name of Father:	

5. Applicant Information

Name:

Mailing Address:

City: State: Zip:

Phone: ( ) - Email:

If requesting a birth and/or marriage record, by signing you are confirming that, to the best of your knowledge, individual(s) named in the application is/are deceased.

Signature: Date: _____ / _____ /_____