

## City Clerks - How Do You Apply for a Certified Copy of Birth Certificate?

Apply by Mail

Apply by fax using your credit card

Walk-In Service

The Poughkeepsie Vital Statistics Bureau has three (3) ways that you can apply for a copy of your birth certificate: by mail, fax, and in person. Detailed instructions are as follows. This office has birth records for the City of Poughkeepsie from 1881 to present day.

**Apply by mail** – mail a completed [birth application](#) or a letter stating the following information:

- Full name as listed on the birth certificate
- Sex (male or female)
- Date of birth
- Mother's maiden name (her name prior to marriage)
- father's full name (if available)
- Hospital where birth occurred (we have records for Vassar Brothers Hospital/Vassar Brothers Medical Center, **only**)
- Name of Applicant with complete mailing address and daytime telephone number
- Your relationship to the person named on the birth certificate
- Reason why you are requesting the birth certificate
- Number of copies you want to order
- Clearly state whether you want U. S. Postal Express Overnight Delivery or Standard Mail (see below for overnight fee).
- **The completed birth application or your letter MUST BE NOTARIZED – NO EXCEPTION.**

There is a fee of \$10.00 per transcript. **WE DO NOT ACCEPT PERSONAL CHECKS, also, PLEASE DO NOT SEND CASH,** Please send a **bank certified check or money order payable to the City of Poughkeepsie;** Visa/MasterCard **only,** with the expiration date, three digit security code on back of the card, your complete billing address, and daytime telephone number. **Credit card must be in the applicant's name; a stamped, self-addressed envelope/prepaid postage required, or if overnight delivery is desired, the proper fee must be remitted.**

**REQUEST WILL NOT BE MAILED BACK TO YOU WITHOUT A STAMPED SELF-ADDRESSED ENVELOPE/PREPAID POSTAGE FOR STANDARD MAIL OR IF PROPER OVERNIGHT FEE IS NOT SUBMITTED.**

mail to:           Office of Vital Statistics  
                          62 Civic Center Plaza  
                          Poughkeepsie, New York 12601

U.S. Postal Express Overnight service is available for \$46.00 (Fee subject to change according to U.S. Postal Rate Schedule). This includes one transcript. Each additional transcript is \$10.00.

**Apply by fax and use your credit card (the credit card must be in the applicant's name)**

Fax a completed [birth application](#) or a letter stating the following information:

- Full name as listed on the birth certificate
- Sex (male or female)
- Date of birth
- Mother's maiden name (her name prior to marriage)
- father's full name (if available)
- Hospital where birth occurred (we have records for Vassar Brothers Hospital/Vassar Brothers Medical Center, **only**)
- Name of Applicant with complete mailing address and daytime telephone number
- Your relationship to the person named on the birth certificate
- Reason why you are requesting the birth certificate
- Number of copies you want to order
- Clearly state whether you want U. S. Postal Express Overnight Delivery or Standard Mail (see below for overnight fee).
- **The completed birth application or your letter MUST BE NOTARIZED – NO EXCEPTION.**

There is a fee of \$10.00 per transcript. Visa/MasterCard **only**, with the expiration date, three digit security code on back of the card, your complete billing address, and daytime telephone number. **Credit card must be in the applicant's name**

**fax to:**                   **Fax Number: 845-451-4239**  
Office of Vital Statistics  
62 Civic Center Plaza  
Poughkeepsie, New York 12601

You can fax the request to fax number (845) 451-4239, Monday through Friday, 8:30 a.m. to 3:00 p.m. eastern standard time.

U.S. Postal Express Overnight service is available for \$55.00 (Fee subject to change according to U.S. Postal Rate Schedule). This includes one transcript. Each additional transcript is \$10.00.

***(PLEASE NOTE: INFORMATION WILL NOT BE FAXED TO YOU.)***

## **Walk In Service**

We are located at City Hall, 62 Civic Center Plaza, First Floor, Poughkeepsie, NY, on the corner of Mill and Market Streets (by the Grand Hotel and The Mid-Hudson Civic Center); also, Market and Mansion Streets (by The Poughkeepsie Journal and The United States Post Office). There is parking underneath the building, entering on the Mill Street side of City Hall.

**Our hours are 8:30 a.m. to 4 p.m., Monday through Friday.**

### **What information you should be prepared to provide:**

- Full name as listed on the birth certificate
- Sex (male or female)
- Date of birth
- Mother's maiden name (her name prior to marriage)
- Purpose of request
- Number of transcripts needed - **\$10.00 for each transcript**
- Name of Applicant with complete mailing address and daytime telephone number
- **Your driver's license or a legal signed valid photo ID is required. If a photo ID is unavailable, two proofs of your name and address, such as a copy of your current utility bill (gas/electric or telephone) will be accepted.**

When applying in person, you may pay by cash, credit card - visa/mastercard only, bank certified check or money order payable to the City of Poughkeepsie, **WE DO NOT ACCEPT PERSONAL CHECKS.**

You will receive your transcripts within one-half hour when you apply in person.

Mail to :  
Office of Vital Records  
62 Civic Center Plaza  
Poughkeepsie, NY 12601  
Phone number: (845) 451-4276

or by fax:  
\*\*fax number: (845) 451-4239  
\*all fax orders must be in our office before 3:00pm (est)

Office hours: Monday to Friday  
8:30am to 4:00pm  
(est) eastern  
standard time

**\*\*THIS APPLICATION MUST BE NOTARIZED\*\***

Name: (as listed on birth certificate)			Date of Birth:		
First	Middle	Last	mm/dd/yyyy		
Town, City or Village where birth occurred: CITY OF POUGHKEEPSIE (ONLY)			Name of hospital where birth occurred: VASSAR BROTHERS MEDICAL CENTER (ONLY)		
Maiden Name of Mother: (as listed on birth certificate)			Local Registration No.: (if known)		
First	Middle	Maiden Last			
Father: (as listed on birth certificate)			Number of Copies Requested:		
First	Middle	Last			
Purpose for which Record is Required: (check One)					
<input type="checkbox"/> Passport	<input type="checkbox"/> Employment	<input type="checkbox"/> Drivers License	<input type="checkbox"/> Veteran's Benefits		
<input type="checkbox"/> Social Security	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Court Proceeding		
<input type="checkbox"/> Retirement	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Welfare Assistance	<input type="checkbox"/> Entrance into Armed Forces		
<input type="checkbox"/> Other (specify) _____					
What is your relationship to person whose record is required? (if self, state "SELF")			If attorney, give name and relationship of your client to person whose record is required:		
<b>Applicant Information: (please fill out)</b>			<b>Today's date:</b>		
Signature of Applicant:			Month	Day	Is this request for: (please circle one) <b>OVERNIGHT or REGULAR MAIL</b> (If not specified, the request will be sent as regular mail)
			Year		
Applicant's Name:			If paying by Credit Card, please provide the following information: (visa/mastercard only)		
Street:					
City:	State:	Zip:	CC No.: _____		
Telephone No.:( )			expiration date: _____		
			3 digit cvc code: _____		

**NOTARY**

for office use only:  
Year: \_\_\_\_\_  
Registration No. \_\_\_\_\_  
Issued By. \_\_\_\_\_  
Method of Payment: Cash/Check/Credit

\*NOTARY, PLEASE AFFIXED YOUR STAMP  
Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20

\_\_\_\_\_  
Notary Public