

Instructions to apply for a Certified Copy of a Birth Certificate City of Poughkeepsie

The birth must have taken place at Vassar Brothers Medical Center or within the limits of the City of Poughkeepsie

We accept applications by MAIL, FAX, E-MAIL and IN PERSON.

The completed application must be notarized **OR** include a CLEAR copy of your valid photo ID

[Valid forms of ID: driver's license, passport, benefit card with picture, current school ID with picture. **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.]

There is a fee of \$10.00 **per copy** which is payable by:

- Certified bank check or Money order payable to "City of Poughkeepsie"
- Visa/MasterCard (full CC number, Exp. Date and CVC code) Credit card must be in the applicant's name.
- Cash – IN PERSON ONLY

BY MAIL: mail the completed **birth certificate application** to: Office of Vital Records
62 Civic Center Plaza
Poughkeepsie, NY 12601

Enclose a self addressed, stamped envelope or a prepaid, self-addressed express or priority envelope

NO PERSONAL CHECKS OR CASH THROUGH THE MAIL

BY FAX: Fax the completed **birth certificate application** to: 845-451-4239

It is recommended that the completed application be notarized. **Faxed ID's are often not readable and can delay processing.**

BY EMAIL: Scan the completed application and copy of ID to our email address:

citychamberlain_clerks@cityofpoughkeepsie.com

USPS Priority Express service is available for **\$55.00** (Fee subject to change according to USPS Rate Schedule). This includes one transcript. Each additional transcript is \$10.00.

IN PERSON: We are located at City Hall, 62 Civic Center Plaza, First Floor, Poughkeepsie, NY. There is parking underneath the building, entering on the Mill Street side of City Hall.

In order to keep the foot traffic down in our lobby, we ask that you make an appointment to purchase your documents.

**Hours of Operation: Monday and Friday 8:30AM to 4:00PM.
Tuesday through Thursday 11:00 AM to 3:00 PM**

Mail to :
Office of Vital Records
62 Civic Center Plaza
Poughkeepsie, NY 12602
Phone number: (845) 451-4200
Fax number:: (845) 451-4239

Office Hours: Monday & Friday 8:30am to 4:00pm
Tuesday - Thursday 11:00am to 3:00pm

Appointments are strongly recommended

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:	
Applicant Information: (please fill out)		Today's date:	Method of Shipping/Delivery (circle one):
Signature of Applicant:		Month Day Year	*EXPRESS or REGULAR MAIL
			[\$55.00 Flat Rate Fee includes the cost of 1 birth cert.]
Applicant's Name:		If paying by Credit Card, please provide the following information: (visa/mastercard only)	
Street:		CC No.: _____	
City:	State:	Zip:	expiration date: _____
Telephone No.:()		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