



CITY OF JOHNSTOWN
 Office of the City Registrar
 PO Box 160, 33-41 East Main Street
 Johnstown, New York 12095
 (518) 736-4011

- OFFICE USE ONLY -	
Document Located: Yes <input type="checkbox"/> No <input type="checkbox"/> Register #: _____	
# of copies issued _____ x \$11 = \$ _____	
Receipt # _____ Date: ____/____/____	
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.

<p>A. One (1) of the following forms of photo ID</p> <ul style="list-style-type: none"> • Driver's License / Non-Driver ID • Passport • Employment / Military ID 	<p>B. Two (2) of the following showing applicants name and address:</p> <ul style="list-style-type: none"> • Utility bill • Telephone bill • Letter from a government agency dated within the last six (6) months
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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: <input type="checkbox"/> Genealogical Research <input type="checkbox"/> Other _____	What is your relationship to person whose record is requested:
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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: ____/____/____
	Place of Death: _____		Age at time 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: ____/____/____
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