NEW YORK STATE DEPARTMENT OF HEALTH

Vital Records Section

General Information and Application for Genealogical Services

Information Page — Mail-in Application for Genealogical Services

General Instructions

- Use this application only for *genealogy requests.*
- Print a copy of this application, complete and sign.
- **Mail** application with check payable to "**Covert Town Clerk**" and a copy of any required documentation (see below) to:

  Town of Covert Town Clerk
  8469 S Main St
  PO Box 265
  Interlaken, NY 14847

Fees: If no record is on file, a **No Record Report** will be issued and the fee is **not** refunded. *Please allow 2 weeks turnaround*

- **For standard search:** This includes a three (3) year search. The fee is $10.00 per copy. The fee is for **each** name or type of record requested.

- **For long search: Go to the NYS Department of Health at https://www.health.ny.gov/vital_records/genealogy.htm** Use form DOH-4384**.** When more than a three-year search is requested, the fee for each record in need of a longer search is higher 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

Long Search Request is made directly to:
New York State Department of Health
Vital Records Section, Certification Unit,
P.O. Box 2602
Albany, NY 12220-2602

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)

Send check or money order payable to the **New York State Department of Health**

Do not send cash.

Available Records

- No information shall be released from a record unless the person to whom the record relates is known to the applicant to be deceased.
- No information shall be released unless the record has been on file for a minimum required period: birth records must have been on file for at least 75 years, death records for 50 years, marriage records for 50 years (both parties to the marriage must be deceased).
- The time periods above are waived if the applicant is a descendant and provides documentation of direct line descent. A party acting on behalf of a descendant shall further provide documentation that the descendant authorized the party to make such application.

Completing the Form

- You can fill in the form directly in Adobe Reader by clicking on the appropriate space and entering the information (use the TAB key to move to the next field.) Print the completed form, sign and mail to the address shown above.
- You can print out a blank copy of the form and then type or print the required information.
- Be sure to sign the form before mailing and include a check or money order made payable to the Covert Town Clerk along with copies of any required documentation.

TOWN OF COVERT TOWN CLERK
PO Box 265, Interlaken, NY 14847 607-532-8358

General Information and Application for Genealogical Services

VITAL RECORDS COPIES CANNOT BE PROVIDED FOR COMMERCIAL PURPOSES.

Return to: Covert Town Clerk, PO Box 265, Interlaken, NY 14847 or Email: clerk@townofcovertny.gov

FEE - $10.00 includes search and uncertified copy or notification of no record. Make checks payable to: **Covert Town Clerk**
Original registry records of births,deaths and marriages for the Town of Covert, Farmer Village and Village of Interlaken begin with 1882.

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.

Birth	**Name at Birth** **Date of Birth** **Place of Birth** **Father's Name** **Mother's Maiden Name**	State File Number _	**Birth**	**Name at Birth** **Date of Birth** **Place of Birth** **Father's Name** **Mother's Maiden Name**	State File Number _
Marriage	**Name of Bride** **Name of Groom** **Date of Marriage** **Place of Marriage and/or License**–	State File Number _	**Marriage**	**Name of Bride** **Name of Groom** **Date of Marriage** **Place of Marriage and/or License**–	State File Number _
Death	**Name at Death** **Date of Death** **Age at Death** **Place of Death** **Names of Parents** **Name of Spouse** **State File Number** _____		**Death**	**Name at Death** **Date of Death** **Age at Death** **Place of Death** **Names of Parents** **Name of Spouse** **State File Number** _____	

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 _____

Address Phone

Send record to: (please print)

Name

Address _____

City _____ **State** **Zip Code**

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