

# 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\*

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

1. The completed application must be notarized **OR** include a CLEAR copy of your photo ID
2. 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.

### **NO PERSONAL CHECKS / NO CASH THROUGH THE MAIL**

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

USPS Priority Express 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.

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

1. The completed application must be notarized. **Faxed ID’s are not readable and cannot be accepted.**
2. There is a fee of \$10.00 per copy payable by Visa/MasterCard (full CC number, Exp. Date & CVC Code). Credit Card must be in the applicant’s name.
3. Indicate the mailing address and the method of shipment – Express or Reg. Mail

USPS Priority Express 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.

**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**

**Please bring:**

1. Your driver’s license, passport 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.
2. There is a fee of \$10.00 per copy payable by Cash, Money Order, Certified Bank Check and Visa/MasterCard.

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:	
<b>Applicant Information: (please fill out)</b>		<b>Today's date:</b>	<b>Method of Shipping/Delivery (circle one):</b>
Signature of Applicant:		Month Day Year	<b>*EXPRESS</b> or <b>REGULAR MAIL</b>
			[\$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:			
City:	State: Zip:		
Telephone No.:( )		CC 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