Geneva City Clerk   (315)789-2603
47 Castle Street   M – F 8:30am to 4:00pm
Geneva, NY 14456   cityofgenevany.com

Instructions for obtaining a certified birth certificate with a raised seal:

NOTE: The Geneva City Clerk's Office only has birth records for people who were born within the city limits, and birth certificates may only be obtained by the person named or a parent listed on the certificate. All birth certificates include parent(s) names listed on the birth record.

- Appear in person at the Geneva City Clerk's Office at 47 Castle Street, Geneva, NY with your photo ID (Driver's License) and request.

<div align="center">OR</div>

- Send a written request indicating your name at birth and date of birth with a copy of your photo ID (Driver's License) to the Geneva City Clerk, 47 Castle Street, Geneva, NY 14456. A parent would send a copy of their own photo ID and give the child's name and date of birth.

In either instance, the fee is $10.00 per certificate required in the form of cash, check or money order made payable to the "City of Geneva." A self-addressed, stamped envelope is appreciated for us to return the certificate.

Please note: If appearing in person to apply for a birth certificate, the Geneva City Clerk's Office does accept credit or debit cards for a fee of $1.25.

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

	First	Middle	Last

Name

Date of Birth ☐☐ ☐☐ ☐☐☐☐
M M D D Y Y Y Y

Place of Birth — Hospital (If not hospital, give street & number) | (Village, Town or City) | County

	First	Middle	Last

Father

Maiden Name of Mother — First — Middle — Last

Number of Copies Requested | Enter Birth No. if Known | Enter Local Registration No. if Known

Purpose for Which Record is Required (Check One)

☐ Passport
☐ Social Security-Retirement
☐ Social Security-SSI
☐ Retirement
☐ Employment
☐ Other (Specify) _____

☐ Working Papers
☐ School Entrance
☐ Driver's License
☐ Marriage License

☐ Welfare Assistance
☐ Veteran's Benefits
☐ Court Proceeding
☐ Entrance into Armed Forces

APPLICANT INFORMATION

NAME

FIRST _____ MIDDLE _____ LAST _____

What is your relationship to person whose record is required?

☐ Self ☐ Parent ☐ Other, specify _____

Telephone No. (☐☐☐) ☐☐☐-☐☐☐☐

Social Security No. ☐☐☐-☐☐-☐☐☐☐

Signature of Applicant | Date ☐☐ ☐☐ ☐☐ MM DD YY

Address of Applicant

_____
Street

_____
City   State   Zip Code

If attorney, give name and relationship of your client to person whose record is required

(name of client)	(relationship)

FOR REGISTRAR'S USE ONLY
(Photocopy ID and attach to application form)

TYPE OF ID

☐ Driver's License
State _____ No. _____

☐ Other ID, specify
_____

No. _____