

Glens Falls City Clerk's Office
42 Ridge Street Glens Falls, NY 12801
Request for Certified Vital Records

Birth Certificate:

Birth Name: _____

Date of Birth: _____

Mothers Name (First & Maiden): _____

Fathers Name: _____

Death Certificate:

Name of Deceased: _____

Date of Death: _____

Marriage Record:

Name of Bride/Groom: _____

Name of Bride/Groom: _____

Date of Marriage: _____

New York State considers these records confidential. Relationship mandated.
Your relationship to person? _____

Mailing Address for Record:

Name: _____

Address: _____

Phone Number: _____ Email: _____

Cash, Check or Money Order: \$10 per record.

Credit Card Remittance Information

A third-party service fee of \$3.00 applies to all credit card transactions.

Name on Card: _____

Credit Card #: _____ Exp. Date: _____

Card Billing Address (if different from Mailing Address): _____

Applicant Signature: _____

Optional Fed Ex Overnight Delivery is available for an additional fee of \$55.00

Do you want this record sent to you Fed Ex? Yes _____ No _____

Total Fee Submitted: \$ _____

Please submit copy of Driver's License. Identification is required.