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: _____

Death Certificate:
Name of Deceased: _____
Date of Death: _____

Mothers Name (First & Maiden): _____
Fathers Name: _____

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 Express Mail 1-2 Day Delivery is available for an additional fee of $55.00.
Do you want this record sent to you Express Mail? Yes☐ No☐

Total Fee Submitted: $_____

Please submit copy of Drivers License. Identification is required.