

Town Clerk - How Do You Apply for a Certified Copy of Birth Certificate?

1) Apply by mail – mail a completed birth application or a letter stating the following information:

Full name as listed on the birth certificate

Sex (male or female)

Date of birth

Mother's maiden name (her name prior to marriage)

father's full name (if available)

Hospital where birth occurred (we have records for Saint Francis Hospital/
Now called: Mid-Hudson Regional Hospital at Westchester Medical Center **only**)

Name of Applicant with complete mailing address and **daytime telephone number**

Your relationship to the person named on the birth certificate

Reason why you are requesting the birth certificate

Number of copies you want to order

The completed birth application or your letter MUST BE NOTARIZED – NO EXCEPTION.

There is a fee of \$10.00 per transcript. **WE DO NOT ACCEPT PERSONAL CHECKS, unless you are a Town of Poughkeepsie Resident, PLEASE DO NOT SEND CASH.**
Please send a bank certified check or money order payable to the Town of Poughkeepsie;

REQUEST WILL NOT BE MAILED BACK TO YOU WITHOUT A STAMPED SELF- ADDRESSED ENVELOPE

Mail to:
Town Clerk's Office
1 Overocker Road
Poughkeepsie, New York 12603

IF you need overnight, we suggest using Fed X and enclosing a return Fed X envelope back to yourself inside.

THIS APPLICATION MUST BE NOTARIZED

Town of Poughkeepsie, New York
Town Clerk's Office
1 Overocker Road
Poughkeepsie, NY 12603

Telephone (845) 485-3620
Fax Number (845-485-8583

Monday To Friday
8:00 AM – 4:00 PM EST

Application for Certified Copy of Birth Certificate

\$10.00 Fee Required For Each Copy Requested, Payable By Money Order, Certified Bank Check (Mail)

WE DO NOT ACCEPT PERSONAL CHECKS

Today's Date: _____

Name of Child: _____ Date of Birth: _____

Place of Birth: _____

(Must be Saint Francis Hospital or in the Town of Poughkeepsie) Saint Francis Births 1974 or before)

Vassar Hospital is located in the City of Poughkeepsie, you would contact them @ 845-451-4276

Name of Father: _____

Maiden Name of Mother: _____

of Copies Requested: _____

Purpose of Request: _____

Relationship to person whose record is required _____

Name of Applicant: _____

Address: _____

Daytime Telephone #: _____

***Please also attach with this form a copy of State issued photo ID when mailing in request**

Applicant Signature (Before a Notary): _____

**A Daytime phone number must be supplied*

***Notary, Please affix your stamp**

Sworn to before me this _____ day

Of _____ 20

Notary Public