

Information Page — Mail-in Application for Copy of Divorce Certificate

General Instructions

- Use this application if you are the wife, husband or spouse named on the divorce certificate.
- If you are not the wife, husband or spouse named on the certificate, then you must submit with this application a copy of a New York State Court Order requiring the divorce certificate.
- Use this application only if the divorce was granted in New York State (*including* New York City) on or after January 1, 1963. Contact the county clerk of the county where the divorce was granted if prior to January 1, 1963.
- Do not use this application for genealogy requests.
- If delivery is to a P.O. Box or to a third party you must submit, with this application, a notarized statement signed by the wife, husband or spouse and a copy of the wife, husband or spouse's driver license.

For Expedited order placement and processing:

Please visit www.VitalChek.com

or call VitalChek Network, Inc. at 877-854-4481

To order by mail, send by first class mail, registered mail, certified mail or U.S. Priority Mail to:

New York State Department of Health
Vital Records Certification Unit
P.O. Box 2602
Albany, NY 12220-2602

Who is eligible to obtain a divorce certificate copy?

- If the applicant is not the wife, husband or spouse, a New York State Court Order is required to obtain a copy of the divorce certificate.
- A copy of the New York State Court Order must be submitted along with the application if the request is being made by someone other than the wife, husband or spouse on the record.

Identification Requirements -- Application **must** be submitted with copies of either A or B:

Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.

A. One (1) of the following forms of valid photo-ID:

- Driver license
- State Issued Non-Driver Photo-ID Card
- Passport
- U.S. Military Issued Photo-ID

-- OR --

B. Two (2) of the following showing the applicant's current name and address:

- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

Fees: If no record is on file, a No Record Certification is issued and the fee is not refunded.

- The fee is \$30.00 per copy. — Total for one (1) copy is \$30.00. Total for two (2) copies is \$60.00, etc.
- Send check or money order payable to the New York State Department of Health. Do not send cash.

Note: Payment submitted from foreign countries must be made by a check drawn on a United States bank or by international money order.
Do not send cash.

Completing the Form

- If you are using Adobe Reader[®] 7.0 or newer (available as a free download from www.adobe.com) you can fill in the form directly in Adobe Reader by clicking on the appropriate space and entering the information (use the TAB key to move to the next field, shift-TAB to move backwards). Print the completed form, sign and mail to the above address.
- You can print out a blank copy of the form and then type or print the required information.
- Be sure to sign the form before mailing and include a check or money order made payable to the New York State Department of Health along with any required documentation.

Required ID must be included with application. Make check or money order payable to New York State Department of Health.

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Mail Order Certified Copy Fee: Enclose \$30 per copy or No Record Certification. Send to:
New York State Department of Health
Vital Records Certification Unit
P.O. Box 2602
Albany, NY 12220-2602

Wife/Husband/ Spouse

Name:

First Middle Last Birth Name (if different)

Address at Time of Decree:

Town or City County

Wife/Husband/ Spouse

Name:

First Middle Last Birth Name (if different)

Address at Time of Decree:

Town or City County

Marriage and Divorce Information

Place Where Marriage License Was Issued: <small>Town or City County</small>	Date of Marriage: <small>(mm / dd / yyyy)</small>	Local Registration No.: <small>(if known)</small>	Date of Final Decree or Period Covered by Search:
Purpose for which record is required?		Divorce Certificate No.: <small>(if known)</small>	Decree Issued on or Search from: <small>(mm / dd / yyyy)</small>
County in Which Divorce Decree Was Filed:	In what capacity are you acting?:		Search to: <small>(if searching period) (mm / dd / yyyy)</small>
What is your relationship to person whose record is required? <small>(If self, write "SELF".)</small>	If attorney, give name and relationship of your client to person whose record is required:		

If you are not the wife, husband or spouse named in the Decree, you must submit copy of New York State Court Order.

Signature of Applicant:

Date Signed:		
Month	Day	Year

Certified Copy \$30.00 x _____ Copies = \$ _____

Address of Applicant:

(Applicant's Name)

(Street)

(City) (State) (Zip)

Telephone No.: () _____

Please print or type the name and address where record should be sent: (If delivery is to a P.O. Box or third party, you must submit with this application a **notarized** statement signed by the applicant and a copy of the applicant's driver license.)

(Name)

(Street)

(City) (State) (Zip)