Village of Cambridge
56 North Park Street
Cambridge, NY 12816
518-677-2622
clerk@cambridgeny.gov

The Village of Cambridge has birth records for those born at Mary McClellan Hospital or within the village limits (either at home or other facilities) for the period December 30, 1881 to the present.

The request for a certified copy or certified transcript of birth may be accepted from a qualified applicant if the following conditions are satisfied:

1. The applicant completes and signs the application form provided by the Department of Health (DOH-296A);
2. The applicant presents his/her driver's license;
3. The applicant is eligible to receive the copy (see below); and
4. The applicant provides a $10.00 fee by check or money order, made payable to the Village of Cambridge, or cash if paid in person.

A certified copy or certified transcript of birth, from the State of New York Department of Health, may be issued only:

1. To a person with a New York State Court Order;
2. To the person named on the birth certificate, if 18 years of age or older;
3. To the parents of the person named on the birth certificate;
4. To the lawful representative of the person named or the parents of the person named on the birth certificate;
5. To the Commissioner of Health; or
6. To a municipal, state or federal agency when needed for official purposes.

Application, money and copy of driver's license to process send to:

Village of Cambridge
56 North Park Street
Cambridge, NY 12816
(518)677-2622

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

Name	First	Middle	Last

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

Father	First	Middle	Last

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 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. _____

(OVER)

DOH-296A (11/94) Page 1 of 2

TYPES OF ACCEPTABLE IDENTIFICATION

1. Driver's license

2. Non-driver's license

3. Passport

4. Naturalization Papers

5. Military ID

6. Employer's Photo ID

7. Two utility bills, showing applicant's name and address

8. Police report of lost or stolen ID

DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED