



**Onondaga County Health Department**  
**J. Ryan McMahon II, County Executive**  
**Kathryn Anderson, MD, PhD, MSPH, Commissioner of Health**



Office of Vital Statistics  
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 Syracuse, NY 13202  
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 onondaga.gov/vital

## Notarized Permission to Release Vital Records

**NOTE: Only people who are legally allowed to order a vital record can give someone else written permission.**

I, \_\_\_\_\_, give the Onondaga County Office of Vital Statistics permission to do  
 (your name)  
**one of the following:**

**Let someone I trust pick up my vital record in person:**

- I give \_\_\_\_\_ permission to pick up a vital record in person.  
 (trusted person's name)
- I have filled out and included the correct request form for this record.
- The person picking up the record will show valid ID and pay any required fees.

**OR**

**Mail my vital record to an address that is not on my ID:**

My ID shows this address:	Mail my record to this address instead:
_____	_____
_____	_____
_____	_____
_____	_____

- I will provide valid ID and payment for this request, and I will submit my application in one of the following ways:
  - By mail (attached).
  - Electronically (online form, email, or fax).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Notary Public