

BA 500M (66)

THE CITY OF NEW YORK
DEPARTMENT OF HEALTH
125 WORTH STREET
NEW YORK, N. Y. 10013



Miss Anne McLarney
5043 Pearce
Lakewood, California 90712

FOR POLICE EMERGENCY ONLY
DIAL 440-1234



125 WORTH STREET
NEW YORK, N. Y. 10013

THE CITY OF NEW YORK
DEPARTMENT OF HEALTH

TEL. 566-

May 16, 1968

Miss Anne McLarney
5043 Pearce
Lakewood, California 90712

Dear Miss McLarney:

I have your letter of May 8, 1968 requesting information regarding Mrs. Nina Jennier.

Enclosed are applications for copies of Birth, Marriage and Death certificates. The applications are to be returned together with the indicated fees to the agencies listed thereon.

If Mrs. Jennier was not born or married or had not passed away in New York City, we would not have any record of these events.

Possibly the Asbury Methodist Episcopal Church and the Glenwood Cemetery can supply information as to dates and places.

Yours truly,

A handwritten signature in cursive script, appearing to read "William Stern".

William Stern
Borough Registrar
Manhattan Records

WS/sr
ENC.

REQUEST FOR MARRIAGE RECORD SEARCH AND TRANSCRIPT OF MARRIAGE RECORD

(Read explanatory information on reverse side before completing form below)

PLEASE PRINT

DATE OF MARRIAGE _____
Month Day Year Full Name of Man

If year is not known, specify years for which search is desired: _____
Maiden Name of Woman

_____ If woman was married previously, specify family name of former husband.

_____ Borough of Bride's Residence when license issued _____ Borough where license was issued

FILL IN AS MUCH INFORMATION AS POSSIBLE. If insufficient information is furnished, the marriage search cannot be made.

FEES

PAYABLE IN ADVANCE BY MONEY ORDER OR CERTIFIED CHECK ONLY, TO ORDER OF CITY CLERK. IF REMITTED FROM FOREIGN COUNTRY, ONLY INTERNATIONAL MONEY ORDER ACCEPTED.

FOR MARRIAGE SEARCH: \$1.00 for one year or part thereof
50¢ for second year
25¢ for each additional year for which search desired. SEARCH FEE COVERS COST OF SEARCH IN ONE BOROUGH—BOROUGH OFFICES ARE LISTED BELOW.

FOR TRANSCRIPT OF RECORD: \$1.05 PER COPY

TOTAL CHARGES FOR ONE COPY: \$2.05 (IF EXACT YEAR OF MARRIAGE SPECIFIED).

REFUNDS OF LESS THAN \$1.00 WILL NOT BE REMITTED UNLESS EXPRESSLY REQUESTED.

VETERANS: TRANSCRIPTS REQUIRED FOR U. S. VETERANS ADMINISTRATION ARE FURNISHED FREE OF CHARGE. To obtain this exemption, you must supply official written request of any one of the following agencies: U. S. Veterans Administration, State veterans' office, veterans' service organization. Letters of request are retained by this office. **DO NOT FURNISH LETTER WHICH YOU NEED FOR YOUR OWN RECORDS OR MUST RETURN TO V. A. OFFICE.**

_____ Name of Person Requesting Search and Copy

_____ Relationship to Bride or Groom

_____ Street Address

_____ Town or City State

ENCLOSED: \$

MONEY ORDER
CERTIFIED CHECK
INTERNATIONAL MONEY ORDER

Return to {

CITY CLERK'S OFFICES

- MANHATTAN: Municipal Building, New York, N. Y. 10007
- BRONX: 1780 Grand Concourse, Bronx, N. Y. 10457
- BROOKLYN: Municipal Building, Brooklyn 1, N. Y.
- QUEENS: 88-11 Sutphin Blvd., Jamaica 35, N. Y.
- RICHMOND: Borough Hall, Staten Island 1, N. Y.

CITY CLERK — CITY OF NEW YORK
MUNICIPAL BUILDING, NEW YORK, N. Y. 10007

INFORMATION REGARDING MARRIAGE RECORDS OF THE CITY OF NEW YORK

The City Clerk maintains indexes to marriage records in the City of New York from the year 1866 to date.

A MARRIAGE RECORD IS FILED IN THE **BOROUGH** IN WHICH THE MARRIAGE LICENSE WAS ISSUED.

BEFORE MAY 13, 1943, a marriage license was obtainable in the City of New York **ONLY IN THE BOROUGH OF THE BRIDE'S RESIDENCE**. Nonresidents desiring to be married in the City of New York could apply in any borough.

SINCE MAY 13, 1943, marriage licenses have been obtainable IN ANY BOROUGH, regardless of where either party resides.

TO OBTAIN A TRANSCRIPT OF A MARRIAGE RECORD: APPLY TO THE CITY CLERK'S OFFICE IN THE BOROUGH IN WHICH THE MARRIAGE LICENSE WAS ISSUED. USE THE FORM ON THE REVERSE SIDE. Fill in all requested information or as much of the information as you can supply. Return the completed form, together with the required fees noted thereon.

The transcript of marriage contains the following information of bride and groom: name, residence, age or birth date, place of birth, date of marriage and place of marriage.

VETERANS requiring transcripts of marriage records for submission to the U. S. Veterans Administration can obtain such copies **FREE OF CHARGE**. See form on reverse side for information regarding qualification for such exemption from payment of fees.

NOTE: IF MARRIAGE TOOK PLACE BEFORE JANUARY 1, 1908, apply for copy to CITY CLERK'S OFFICE in borough where marriage was performed.

IF MARRIAGE LICENSE WAS OBTAINED ELSEWHERE IN THE STATE OF NEW YORK, apply for copy to OFFICE OF VITAL RECORDS, STATE DEPARTMENT OF HEALTH, 84 Holland Avenue, Albany 8, N. Y.

MARRIAGE RECORD REQUEST FORM ON REVERSE SIDE

CITY CLERK'S OFFICES
MANHATTAN: Municipal Building, New York, N. Y. 1007
BROOKLYN: 1780 Grand Concourse, Bronx, N. Y. 1045
BROOKLYN: Municipal Building, Brooklyn 1, N. Y.
QUEEN: 68-11 Sutphin Blvd., Jamaica 35, N. Y.
RICHMOND: Borough Hall, Staten Island 1, N. Y.

Return to

THE CITY OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF RECORDS AND STATISTICS

BOROUGH OFFICES

MANHATTAN — 125 WORTH STREET, NEW YORK, N. Y. 10013

BROOKLYN — 295 FLATBUSH AVE. EXT., BROOKLYN, N. Y. 11201

BRONX — 1826 ARTHUR AVENUE, BRONX, N. Y. 10457

QUEENS — 90-37 PARSONS BLVD., JAMAICA, N. Y. 11432

RICHMOND — 51 STUYVESANT PLACE, STATEN ISLAND, N. Y. 10301

APPLICATION FOR A COPY OF A DEATH RECORD

INFORMATION FOR APPLICANT: DEATH RECORDS ARE FILED IN BOROUGH IN WHICH THE DEATH OCCURRED, EXCEPT FOR BRONX DEATHS PRIOR TO 1898 WHICH ARE FILED IN MANHATTAN. APPLICATION SHOULD BE MADE AT OFFICE LOCATED IN BOROUGH WHERE DEATH RECORD IS FILED. (ADDRESSES OF BOROUGH OFFICES LISTED ABOVE)

Print All Items Clearly—Attach Self Addressed Envelope

1. NAME _____ AGE AT TIME OF DEATH _____
(First Name) (Last Name at Time of Death)
2. DATE OF DEATH _____ ADDITIONAL YEARS RE-
(Month) (Day) (Year) REQUESTED TO BE SEARCHED _____
3. PLACE OF DEATH _____ BOROUGH _____
(Name of Hospital, or if at home, Number and Street)
4. NAME OF HUSBAND OR WIFE _____
5. FATHER'S NAME _____
(First Name) (Last Name)
6. MOTHER'S MAIDEN NAME _____
(First Name) (Family Name before Marriage)
7. ADDITIONAL INFORMATION _____
8. NUMBER OF COPIES DESIRED _____ BURIAL PERMIT No. _____
9. _____
10. _____
FOR WHAT PURPOSE ARE YOU GOING TO USE THIS CERTIFICATE?

YOUR RELATIONSHIP TO DECEDENT

NOTE: Section 205.07 of the Health Code provides, in part: "...The confidential medical report of death shall not be subject to subpoena or to inspection." Therefore, copies of the medical report of death cannot be issued.

Sign Your Name and Address Below

Name _____

Address _____

City _____ State _____ Zip Code _____


FEEES

\$2.00—This charge is for search and issuance of a certified copy. If record cannot be found in year given, the next consecutive year will be searched without charge. A certified "Not Found Statement" will be issued if record is not on file.

.50—If more than two consecutive years are requested to be searched, fifty cents for each additional year is to be added to the initial \$2.00 fee.

1.00—If more than one copy is requested with this application, one dollar for each additional copy requested must be added to the initial \$2.00 fee.

APPLICANTS ARE ADVISED NOT TO SEND CASH BY MAIL. Fees must be paid at time application is made. Send check or money order payable to the Department of Health, The City of New York. If from a foreign country, send an international money order or a check drawn on a United States bank. Stamps and foreign currency cannot be accepted.

Return TO 

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BUREAU OF RECORDS AND STATISTICS

BOROUGH OFFICES

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QUEENS — 90-37 PARSONS BLVD., JAMAICA, N. Y. 11432

RICHMOND — 51 STUYVESANT PLACE, STATEN ISLAND, N. Y. 10301

APPLICATION FOR A COPY OF A BIRTH RECORD

INFORMATION FOR APPLICANT: APPLICATION SHOULD BE MADE AT OFFICE LOCATED IN BOROUGH OF BIRTH EITHER IN PERSON OR BY MAIL. (ADDRESSES OF BOROUGH OFFICES LISTED ABOVE.) BIRTH RECORDS ARE FILED IN THE BOROUGH IN WHICH THE BIRTH OCCURRED, EXCEPT FOR BRONX BIRTHS PRIOR TO 1898 WHICH ARE FILED IN MANHATTAN. These records are indexed separately for each borough, by name as reported at time of birth, and by year and date of occurrence. They are cross-indexed by place of occurrence—hospital or street address. It is therefore, absolutely essential that the name be accurately spelled and that the exact date—month, day and year—and the exact place of birth—street address or name of hospital—be fully given in every application.

Print All Items Clearly—Attach Self Addressed Envelope

1. NAME _____
(First Name) (Last Name at Time of Birth)
2. DATE OF BIRTH _____
(Month) (Day) (Year) ADDITIONAL YEARS REQUESTED TO BE SEARCHED _____
3. PLACE OF BIRTH _____ BOROUGH _____
(Name of Hospital, or if at Home, Number and Street)
4. FATHER'S NAME _____
(First Name) (Last Name)
5. MOTHER'S MAIDEN NAME _____
(First Name) (Family Name Before Marriage)
6. NUMBER OF COPIES DESIRED _____ CERTIFICATE NO., IF KNOWN _____
7. _____
FOR WHAT PURPOSE ARE YOU GOING TO USE THIS CERTIFICATE?
8. _____
YOUR RELATIONSHIP TO PERSON NAMED IN ITEM ONE ABOVE. IF SELF, STATE "SELF" (See Note Below)

NOTE: Copy of a birth record can be issued only to persons to whom the record of birth relates, if of age, or a parent or other lawful representative. IF THIS REQUEST IS NOT FOR YOUR OWN BIRTH RECORD OR THAT OF YOUR CHILD, PROPER WRITTEN AUTHORIZATION FROM THE PERSON MUST BE PRESENTED WITH THIS APPLICATION.

Section 3.19, New York City Health Code provides, in part: "...no person shall make a false, untrue or misleading statement or forge the signature of another on a certificate, application, registration, report or other document required to be prepared pursuant to this Code." Section 558 (d) of the New York City Charter provides that any violation of the Health Code shall be treated and punished as a misdemeanor.

Sign Your Name and Address Below

Name _____
Address _____
City _____ State _____ Zip Code _____

FEES

- \$2.00 — This charge is for search and issuance of a certified copy. If record cannot be found in year given, the next consecutive year will be searched without charge. A certified "Not Found Statement" will be issued if record is not on file.
- .50 — If more than two consecutive years are requested to be searched, fifty cents for each additional year is to be added to the initial \$2.00 fee.
- 1.00 — If more than one copy is requested with this application, one dollar for each additional copy requested must be added to the initial \$2.00 fee.

APPLICANTS ARE ADVISED NOT TO SEND CASH BY MAIL. Fees must be paid at time application is made. Send check or money order payable to the Department of Health, The City of New York. If from a foreign country, send an international money order or a check drawn on a United States bank. Stamps and foreign currency cannot be accepted.