

Notification of Appointment of Registrar of Vital Statistics

IMPORTANT: This notice and oath shall be executed in triplicate immediately after appointment of the registrar and deputy registrar. File original copy with the New York State Department of Health, Vital Records Registration Unit, P. O. Box 2602, Albany, NY 12220-2602. File one copy with your County Clerk and retain one copy for your records.

	Current Appointee	New Appointee (If reappointment, enter correction only)
COUNTY & DISTRICT NUMBER		
REGISTRAR		
Name		
Town/City/Village		
Street Address		
City and State		
Zip Code		
Telephone Number (include area code & ext.)	() Ext.	() Ext.
	E-Mail Address _____	
	<input type="checkbox"/> Reappointment <input type="checkbox"/> New Appointment FAX () _____	
	If New Appointment, is this: <input type="checkbox"/> Election <input type="checkbox"/> Resignation <input type="checkbox"/> Other Salaried: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Effective Date of Appointment (give month and year)		
Is Registrar also City/Town Clerk?	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify Locality: _____	
Length of Term (give number of years)		
Date Term Expires (give month and year)		

Signature of Appointing Officer	Business Address	Telephone
Title of Appointing Officer	Date	

DEPUTY REGISTRAR	Name	
	Street Address	
	City, State and Zip Code	
	Telephone Number (include area code & ext.)	() Ext.

REGISTRAR'S AFFIDAVIT

STATE OF NEW YORK
COUNTY OF _____

} SS:

I do solemnly swear (affirm) that I will support the Constitution of the United States, and the Constitution of the State of New York, and that I will faithfully discharge the duties of the office of Registrar of Vital Statistics, according to the best of my abilities.
I am not engaged in the business of funeral directing, embalming or undertaking.

Signed: _____
Registrar of Vital Statistics Home Address Telephone

Subscribed and sworn to
(affirmed) before me this _____ day of _____, _____ Notary Public _____

DEPUTY REGISTRAR'S AFFIDAVIT

STATE OF NEW YORK
COUNTY OF _____

} SS:

I do solemnly swear (affirm) that I will support the Constitution of the United States, and the Constitution of the State of New York, and that I will faithfully discharge the duties of the office of Deputy Registrar of Vital Statistics, according to the best of my abilities.
I am not engaged in the business of funeral directing, embalming or undertaking.

Signed: _____
Deputy Registrar of Vital Statistics Home Address Telephone

Subscribed and sworn to
(affirmed) before me this _____ day of _____, _____ Notary Public _____