

REGISTRAR OF VITAL STATISTICS
 P.O. BOX 368
 BARKER, NY 14012-0368

General Information and Application for Genealogical Services

If the requested record is needed to settle an estate, a letter of authorization is required from the executor, public administrator or attorney for the estate. The relationship of the person of record to the estate must be provided.

VITAL RECORDS COPIES CANNOT BE PROVIDED FOR COMMERCIAL PURPOSES.

Fee - \$11.00 per search and copy, or \$11.00 per search and notification of no-record for EACH record requested.

To insure a complete search, provide as much information as possible. Please complete for type of record requested, birth, death OR marriage.

Birth	Name at Birth _____ Date of Birth _____ Place of Birth _____ Father's Name _____ Mother's Maiden Name _____	Birth	Name at Birth _____ Date of Birth _____ Place of Birth _____ Father's Name _____ Mother's Maiden Name _____
Marriage	Name of Bride _____ Name of Groom _____ Date of Marriage _____ Place of Marriage and/or License _____	Marriage	Name of Bride _____ Name of Groom _____ Date of Marriage _____ Place of Marriage and/or License _____
Death	Name at Death _____ Date at Death _____ Age at Death _____ Place of Death _____ Names of Parents _____ Name of Spouse _____	Death	Name at Death _____ Date at Death _____ Age at Death _____ Place of Death _____ Names of Parents _____ Name of Spouse _____

For what purpose is information required? _____

What is your relationship to person whose record is requested? _____

In what capacity are you acting? _____

SIGNATURE OF APPLICANT _____ Date _____

ADDRESS _____

Send record to: (please print)
 Name _____
 Address _____
 Address _____
 City _____ State _____ Zip Code _____

If requesting birth and marriage records, please sign the following statement:
 To the best of my knowledge, the person(s) named in the application are deceased.

 SIGNATURE OF APPLICANT