

**Registrar of Vital Statistics**  
**PO Box 45**  
**Essex, NY 12936**

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