

**APPLICATION FOR GENEALOGICAL SERVICES**

Return to: Town of Delaware Registrar, 104 Main Street, PO Box 102, Hortonville, New York 12745.

Fee: \$20.00 per hour, with a one hour minimum, for genealogy research services. This fee includes search and uncertified copies or notification of no record. Certified copies of vital records will be charged \$10.00 per record, in accordance with NYS Department of Health regulations.

To insure a complete search, provide as much information as possible. Please complete the applicable section for each type of record requested: birth, death or marriage. Additionally, please send a copy of your driver's license or other photo identification with your request.

Name at Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Name of Bride \_\_\_\_\_

Name of Groom \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Place of Marriage \_\_\_\_\_

and/or License \_\_\_\_\_

Name of Death \_\_\_\_\_

Date of Death \_\_\_\_\_

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 \_\_\_\_\_ Phone \_\_\_\_\_

Send record to: Please print:  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge the person(s) named in the application are deceased.

Signature of Applicant \_\_\_\_\_