TOWN OF ROMULUS

David Kaiser, Supervisor Marjorie Van Hyning, Town Clerk Daryl Morrell, Supt of Highways Kyle Collinsworth, Councilman Ralph Walborn Jr., Councilman Michael Joslyn, Councilman Joseph Brodnicki, Councilman



1435 Prospect Street PO Box 177 Willard, New York 14588 PHONE: 607-869-9326 FAX: 607-869-5763 Romulus@rochester.rr.com

To insure a complete search, please provide as much information as possible.

Please complete the applicable section for each record requested, birth, death, or marriage.

SEARCHES CANNOT BE PERFORMED UNTIL FORMAL REQUEST IS RECEIVED AND FEES HAVE BEEN COLLECTED. ***Please Enclose a Check or Money Order for required Fee, and a copy of your Government Issued Identification***

what capacity are you acting? GNATURE OF APPLICANT_			_	
DDRESS			-	
BIRTH REQUEST		BIRTH REQUEST		
Name at Birth		Name at Birth	The second secon	
Date of Birth	State File #	Date of Birth	State File #	
Place of Birth		Place of Birth		
Father's Name		Father's Name		
Mother's Maiden Name		Mother's Maiden		
INAITIE		Name		
DEATH REQUI	EST	DEATH R	EQUEST	
Name at Death		Name at Death		
	Age at		Age at	
Date of Birth	Death	Date of Birth	Death	
Place of Death		Place of Death		
Father's Name		Father's Name		
Mother's Maiden Name		Mother's Maiden Name		
Name of Spouse		Name of Spouse		
State File #		State File #		
MARRIAGE REQUI	EST	MARRIAGE R	MARRIAGE REQUEST	
Name at Bride		Name at Bride		
Name of Groom		Name of Groom		
Date of Marriage	State File #	Date of Marriage	State File #	
Place of Marriage		Place of Marriage		
and/or License #		and/or License #		
Send record to: (Please Print)		If requesting hirth, and marr	iago roenrde, plageo eign	
Sena record to. (Fiedse Fillit)		If requesting birth, and marriage recprds, please sign the following		
NAME		statement:		
ADDRESS		to the best of my knowledge, the person(s) named		
CITY, STATE & ZIP		in the application are deceased:		
		Signature of Applicant		