

Send request to:

Susan Haag, Town Clerk, Registrar Town of Austerlitz PO Box 238 Spencertown, New York 12165

Required ID must be included with application (see instructions). Make check or money order payable to the Austerlitz Town Clerk.

Birth		Birth
Name at 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		MARRIAGE
Name of Spouse:		Name of Spouse:
Name of Bride:		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		DEATH
Name at Death:		Name at Death:
Date of Death:		Date of Death:
Place of Death:		Place of Death:
Names of Parents:		Names of Parents:
Name of Spouse:		Name of Spouse:
What is your relationship to post		90 ?
If attorney, give name and relationships and relationships and relationships are supplied to the state of the	ationship of your client to pers Date Signed:	rson whose record is required: Search Fee: \$10.00
Signature of Applicants		Search Fee \$10.00
	mm/dd/yyyy	\$10.00 X Add'l uncertified copies Total:
Address of Applicant:		* First uncertified copy is included in search fee
		If requesting birth and marriage records, please sign the following
(Applicant's Name)		statement:
(Street)		To the best of my knowledge, the person(s) named in this application are deceased:
(City)	(State) (Zip)	
Telephone Number:		Signature of Applicant