



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

<b>Name of Deseased:</b>	<b>Social Security # of the Deseased:</b>
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<i>First</i>	<i>Middle</i>	<i>Last</i>		
<b>Town</b> where death occurred: Austerlitz		<b>Address</b> of where death occurred:		
<i>Street</i>		<i>Town</i>	<i>State</i>	<i>Zip</i>

<b>Date of Death</b> or <b>Period</b> to be Covered by Search: <i>(mm/dd/yyyy)</i>	<b>Date of Birth</b> of Deseased:	<b>Age</b> at Death:
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<i>From</i>	<i>To</i>	<i>mm/dd/yyyy</i>
<b>Maiden Name of Mother</b> of Deseased:		<b>Death Certificate #:</b> <i>(if known)</i>

<i>First</i>	<i>Middle</i>	<i>Maiden Last</i>
<b>Name of Father</b> of Deseased:		<b>Local Registration #:</b> <i>(if known)</i>

<i>First</i>	<i>Middle</i>	<i>Last</i>
<b>Purpose</b> for Which Record is Required:		What is your <b>relationship</b> to person whose record is required?

In What **Capacity** are you Acting?

If attorney, give **name and relationship** of your client to person whose record is required:

**Submit documentation of a lawful right or claim if you are not the spouse, parent or child of the deseased.**

Signature of Applicant:	Date Signed: <i>mm/dd/yyyy</i>	Search Fee: \$10.00	Certification Fee: \$10.00
		\$10.00 X _____	Search Fee \$10.00
		Add'l certified copies	=
		<b>Total:</b> _____	
Address of Applicant:		* First certified copy is included in search fee	
<i>(Applicant's Name)</i>		If record is sent to a different name and address:	
<i>(Street)</i>		<i>(Name)</i>	
<i>(City)</i> <i>(State)</i> <i>(Zip)</i>		<i>(Street)</i>	
Telephone Number:		<i>(City)</i> <i>(State)</i> <i>(Zip)</i>	