

Information Page – Request for Genealogical Services

General Instructions

- Uncertified copies or abstracts from records of birth, death and marriage may be provided for genealogical research purposes subject to the restrictions specified in this summary. All requests must be submitted in writing and include payment of the applicable fee of \$11.00 for each copy requested which includes search and uncertified copy or notification of no record.
- Print a copy of this application, complete and sign.
- Mail the completed application along with payment to: Lockport Town Clerk; 6560 Dysinger Rd. Lockport NY 14094.

Original records available:

- **Births:** -- Beginning 1882
 - No information shall be released from a record of birth which has been placed in a confidential file pursuant to Public Health Law Section 4138.
 - No information shall be released from a record of birth unless the record has been in file for at least **75 years** *and* the person to whom the record relates is known to be deceased.
- **Marriages:** -- Beginning 1883
 - No information shall be released from a record of marriage for at least **50 years** *and* the parties to the marriage are known to be deceased.
- **Deaths:** Beginning 1884
 - No information shall be released from a record of death unless the record has been on file for at least **50 years**.

Fees

- Cost is \$11.00 for each uncertified copy.
- Payments accepted: money order or cashier's check payable to "Lockport Town Clerk".
- Personal checks **drawn on banks within our locale only**.
- If no record is on file, a "**No Record Certification**" will be issued.

**TOWN OF LOCKPORT
VITAL RECORDS SECTION**

APPLICATION FOR GENEALOGICAL SERVICES

TO INSURE A COMPLETE SEARCH, PROVIDE AS MUCH INFORMATION AS POSSIBLE.
PLEASE COMPLETE FOR TYPE OF RECORD REQUESTED, BIRTH, DEATH OR MARRIAGE.

<p><i>Birth</i> Name at Birth_____</p> <p>Date of Birth_____</p> <p>Place of Birth_____</p> <p>Father's Name_____</p> <p>Mother's Maiden Name_____</p>	<p><i>Birth</i> Name at Birth_____</p> <p>Date of Birth_____</p> <p>Place of Birth_____</p> <p>Father's Name_____</p> <p>Mother's Maiden Name_____</p>
<p><i>Marriage</i> Name of Bride_____</p> <p>Name of Groom_____</p> <p>Date of Marriage_____</p> <p>Place of Marriage and/or license_____</p>	<p><i>Marriage</i> Name of Bride_____</p> <p>Name of Groom_____</p> <p>Date of Marriage_____</p> <p>Place of Marriage and/or license_____</p>
<p><i>Death</i> Name at Death_____</p> <p>Date of Death_____</p> <p>Age at Death_____</p> <p>Place of Death_____</p> <p>Names of Parents_____</p> <p>Name of Spouse_____</p>	<p><i>Death</i> Name at Death_____</p> <p>Date of Death_____</p> <p>Age at Death_____</p> <p>Place of Death_____</p> <p>Names of Parents_____</p> <p>Name of Spouse_____</p>

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_____

<p>Send record to: (please print)</p> <p>Name_____</p> <p>Address_____</p> <p>City_____ State_____ Zip Code_____</p>	<p>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.</p> <p>_____</p>
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