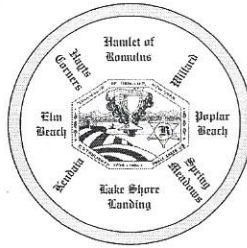


TOWN OF ROMULUS

David Kaiser, Supervisor
 Marjorie Van Hying, Town Clerk
 Daryl Morrell, Supt of Highways
 Kyle Collinsworth, Councilman
 Ralph Walborn Jr., Councilman
 Michael Joslyn, Councilman
 Councilwoman Jane Braunig



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
 Please complete the applicable section for each

much information as possible.
 type of record requested, birth, death, or marriage

For what purpose is the information required? _____

What is your relationship to person whose record is requested? _____

In what capacity are you acting? _____

SIGNATURE OF APPLICANT _____

ADDRESS _____

BIRTH	REQUEST
Name at Birth	
Date of Birth	State File #
Place of Birth	
Father's Name	
Mother's Maiden Name	

BIRTH	REQUEST
Name at Birth	
Date of Birth	State File #
Place of Birth	
Father's Name	
Mother's Maiden Name	

DEATH	REQUEST
Name at Death	
Date of Birth	Age at Death
Place of Death	
Father's Name	
Mother's Maiden Name	
Name of Spouse	
State File #	

DEATH	REQUEST
Name at Death	
Date of Birth	Age at Death
Place of Death	
Father's Name	
Mother's Maiden Name	
Name of Spouse	
State File #	

MARRIAGE	REQUEST
Name at Bride	
Name of Groom	
Date of Marriage	State File #
Place of Marriage	
and/or License #	

MARRIAGE	REQUEST
Name at Bride	
Name of Groom	
Date of Marriage	State File #
Place of Marriage	
and/or License #	

Send record to: (Please Print)
NAME
ADDRESS
CITY, STATE & ZIP

If requesting birth, and marriage recprds, please sign the following statement: to the best of my knowledge, the person(s) named in the application are deceased: _____ Signature of Applicant

"ALL FEES SUBMITTED FOR SEARCHES ARE NON-REFUNDABLE"