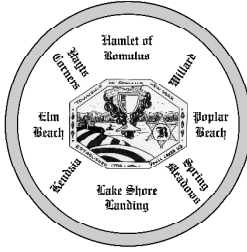


TOWN OF ROMULUS

David Kaiser, Supervisor
 Jane C Braunig, Town Clerk
 Daryl Morrell, Supt of Highways
 Kyle Collinworth, Councilman
 David Hayes., 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.
10.00 Non-Refundable fee for each copy requested, and a copy of a Government Issued Identification
Please enclose a Check or Money Order for the required fee, made payable to the "Town of Romulus"

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 records, please sign the following statement: to the best of my knowledge, the person(s) named in the application are deceased: _____ Signature of Applicant
