

**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><b>Birth</b> Name at Birth _____ Date of Birth _____ Place of Birth _____ Father's Name _____ Mother's Maiden Name _____</p>	<p><b>Birth</b> Name at Birth _____ Date of Birth _____ Place of Birth _____ Father's Name _____ Mother's Maiden Name _____</p>
<p><b>Marriage</b> Name of Bride _____ Name of Groom _____ Date of Marriage _____ Place of Marriage and/or license _____</p>	<p><b>Marriage</b> Name of Bride _____ Name of Groom _____ Date of Marriage _____ Place of Marriage and/or license _____</p>
<p><b>Death</b> Name at Death _____ Date of Death _____ Age at Death _____ Place of Death _____ Names of Parents _____ Name of Spouse _____</p>	<p><b>Death</b> Name at Death _____ Date of Death _____ Age at Death _____ Place of Death _____ Names of Parents _____ 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 \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

<p>Send record to: (please print) Name _____ Address _____ 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>
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*Please send a photocopy of your driver's license along with completed application.*