

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 \$22.00 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 \$22.00 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>Birth Name at Birth _____ Date of Birth _____ Place of Birth _____ Father's Name _____ Mother's Maiden Name _____</p>	<p>Birth Name at Birth _____ Date of Birth _____ Place of Birth _____ Father's Name _____ Mother's Maiden Name _____</p>
<p>Marriage Name of Bride _____ Name of Groom _____ Date of Marriage _____ Place of Marriage and/or license _____</p>	<p>Marriage Name of Bride _____ Name of Groom _____ Date of Marriage _____ Place of Marriage and/or license _____</p>
<p>Death Name at Death _____ Date of Death _____ Age at Death _____ Place of Death _____ Names of Parents _____ Name of Spouse _____</p>	<p>Death 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.