

TOWN OF NISKAYUNA APPLICATION FOR GENEALOGICAL SERVICES

FEE: \$22.00 cash or money order only (NO PERSONAL CHECKS)

Mail Application to: Town Clerk, One Niskayuna Circle, Niskayuna, NY 12309

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

Birth	Name at Birth _____ Date of Birth _____ Place of Birth _____ Niskayuna, New York _____ Father's Name _____ Mother's Maiden Name _____
Marriage	Name of Bride _____ Name of Groom _____ Date of Marriage _____ Place of Marriage _____
Death	Name at Death _____ Date of Death _____ Age at Death _____ Place of Death _____ Names of Parents _____ Name of Spouse _____

For what purpose is information required? _____

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

SIGNATURE OF APPLICANT _____ DATE _____

ADDRESS _____

Send record to: (please print) Name _____ Address _____ City _____ State _____ Zip Code _____	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
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