



REQUEST FOR VITAL RECORDS & GENEALOGICAL COPIES

TOWN OF CHEEKTOWAGA,
COUNTY OF ERIE,
STATE OF NEW YORK

**Please complete all pertinent information to obtain certified copies of
a Birth, Death, or a Marriage Records.**

Vital Records: \$10.00 per copy

No. of copies requested: _____ x \$10.00 = _____

Birth Certificate Request:

Person's Name: _____
(Use Maiden name if applicable)

Date of Birth: _____

Father's Name: _____

Mother Maiden Name: _____

Death Certificate Request:

Decedent's Name: _____

Date of Death: _____

Marriage Certificate Request:

Groom/Applicant Name: _____

Bride Maiden/Applicant Name: _____

Date of Marriage: _____

GENEALOGICAL COPIES: \$1.00 per copy plus GENEALOGICAL SEARCH \$10.00

No. of copies requested: _____ x \$1.00 = _____ + \$10.00 Search _____

Inquirer's Name: _____

Contact Number: _____

Name/Decedent's Name: _____

Birth/Death/Marriage Date: _____

1) The purpose for the record requested: _____

2) Your relationship to the person(s) record requested: _____

I hereby affirm that the above information is true and correct:

Signature of Applicant: _____

Phone #: _____ Date: _____