



**TOWN OF CHEEKTOWAGA
COUNTY OF ERIE
STATE OF NEW YORK
REQUEST FOR VITAL RECORDS**

PLEASE COMPLETE ALL PERTINENT INFORMATION TO OBTAIN CERTIFIED COPIES
OF BIRTH, DEATH AND MARRIAGE RECORDS...\$10.00/CERTIFIED COPY.

\$10.00 / copy X _____ COPIES= \$ _____

Birth Certificate Request:

Person's Name: _____
(Women must USE their Maiden name)

Date of Birth: _____

Father's Name: _____

Mother's **Maiden** Name: _____

Death Certificate Request:

Decedent's Name: _____

Date of Death: _____

Marriage Certificate Request:

Groom/Applicant Name: _____

Bride/Applicant Name: _____

Date of Marriage: _____

1) Purpose for which record is requested: _____

2) Your relationship to person whose record is requested: _____

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

Signature of applicant: _____

Date: _____