



**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 Record. A copy of your driver's license is REQUIRED.

**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: \_\_\_\_\_ Include Cause of Death: Yes \_\_\_ No \_\_\_

**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: \_\_\_\_\_