



**TOWN OF HAVERSTRAW**  
**RAQUEL VENTURA**  
Town Clerk

**MARISOL CANCEL**  
First Deputy

**APRIL COBB**  
Deputy

Enclosed is the application for Genealogical services.

- ◆ Fill out the form completely and have it notarized.
- ◆ Birth Certificates must be on file for at least 75 years and the person to whom the birth certificate relates is known by the applicant to be deceased.
- ◆ Death Certificates must be on file for at least 50 years.
- ◆ Marriage Certificates must be on file for at least 50 years and the bride and groom are known by the applicant to be deceased.
- ◆ Enclose a copy of your current driver's license/passport.
- ◆ Enclose a check or money order in the amount of twenty-two dollars (\$22.00) made payable to: Haverstraw Town Clerk and include your phone number.
- ◆ Mail all the information to the address below.
- ◆ Include a self addressed postage stamped envelope.

As soon as I receive your information, I will begin the search of the records in my office. If you have any questions, please feel free to call my office.

Sincerely,

Raquel Ventura  
Town Clerk

VITAL RECORDS COPIES CANNOT BE PROVIDED FOR COMMERCIAL PURPOSES.

Return to: New York State Department of Health, Vital Records Section, P.O. Box 2602, Albany, NY 12220-2602

1. FEE - \$22.00 includes search and uncertified copy or notification of no record.
2. Original records of births and marriages for the entire state begin with 1881, deaths begin with 1880, EXCEPT for records filed in Albany, Buffalo and Yonkers prior to 1914. Applications for these cities should be made directly to the local office.
3. The New York State Department of Health does not have New York City records except for births occurring in Queens and Richmond counties for the years 1881 through 1897.
4. Please read the Administrative Rule Summary on the reverse side of this sheet which specifies years available for genealogical research.

To insure a complete search, provide as much information as possible.

Please complete the applicable section for each type of record requested: birth, death or marriage.

<b>Birth</b>	Name at Birth _____ Date of Birth _____ State File Number _____ Place of Birth _____ Father's Name _____ Mother's Maiden Name _____	<b>Birth</b>	Name at Birth _____ Date of Birth _____ State File Number _____ Place of Birth _____ Father's Name _____ Mother's Maiden Name _____
<b>Marriage</b>	Name of Bride _____ Name of Groom _____ Date of Marriage _____ State File Number _____ Place of Marriage and/or License _____	<b>Marriage</b>	Name of Bride _____ Name of Groom _____ Date of Marriage _____ State File Number _____ Place of Marriage and/or License _____
<b>Death</b>	Name at Death _____ Date of Death _____ Age at Death _____ Place of Death _____ Names of Parents _____ Name of Spouse _____ State File Number _____	<b>Death</b>	Name at Death _____ Date of Death _____ Age at Death _____ Place of Death _____ Names of Parents _____ Name of Spouse _____ State File Number _____

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 \_\_\_\_\_

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