

**Town of Morristown**

**PO Box 240 Morristown, NY 13664 315-375-6510**

**General Information and Application for Genealogical Services**

**Email: townoffice@nnymail.com**

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. Fee is \$11 dollars per name per search payable to the Town of Morristown

**Birth Information**

Name at Birth _____	Name at Birth _____
Date of Birth _____ St. Number _____	Date of Birth _____ St. Number _____
Place of Birth _____	Place of Birth _____
Father's Name _____	Father's Name _____
Mother's Maiden Name _____	Mother's Maiden Name _____

**Marriage Information**

Name of Bride _____	Name of Bride _____
Name of Groom _____	Name of Groom _____
Date of Marriage _____	Date of Marriage _____
Place of Marriage and/or License _____	Place of Marriage and/or License _____

**Death Information**

Name at Death _____	Name at Death _____
Date of Death _____ Age at Death _____	Date of Death _____ Age at Death _____
Place of Death _____	Place of Death _____
Names of Parents _____	Names of Parents _____
Name of Spouse _____	Name of Spouse _____

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: Name _____ Address _____ City _____ State _____ Zip _____	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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