

TOWN OF BEDFORD

GENEALOGICAL SERVICES

To insure a complete search, provide as much information as possible. Please complete for type of record requested, birth, death OR marriage.

Birth	Name at Birth _____	Birth	Name at Birth _____
	Date of Birth _____		Date of Birth _____
	Place of Birth _____		Place of Birth _____
	Father's Name _____		Father's Name _____
	Mother's Maiden Name _____		Mother's Maiden Name _____
Marriage	Name of Bride _____	Marriage	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	Name at Death _____	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: (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
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Mail completed form and a check made payable to the Town of Bedford for \$25. Fee includes search and uncertified copy or notification of no record. Mail to:

Town Clerk, Town of Bedford
 321 Bedford Road
 Bedford Hills, NY 10507