

VESTAL TOWN CLERK



Vital Records

Date: _____

Number of Copies Requested: _____ @\$10.00 each

Type of Certified Needed: Death __ Marriage __ Birth __

Date of Event: _____

Name/Names on Certificate: _____

Certificate Will Be Used For: _____

Relationship: _____

Applicants Name and Address: _____

Print Name

Phone Number

Signature

Office Use Only:

Type of verification submitted: _____

Vestal Town Clerk
605 Vestal Parkway West
Vestal, New York 13850
607 748-1514 Ext. 321