

VESTAL TOWN CLERK

Vital Records Request

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

***Requests made by mail must include a photocopy of Government Issued Picture ID. (Driver License, Passport, etc.)**

Office Use Only:

Type of verification submitted:

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