

# Information Regarding Your Request for a Genealogy Record

To Whom It May Concern:

Information from records of birth, death and marriage may be provided for genealogical research purposes subject to the provision of Section 35.5 of the NYS Health Commissioner's Rules and Regulations. The information that will be provided will be in the form of an uncertified copy or uncertified transcript and will be stamped with the statement "For Genealogical Purposes Only." Information will not be released if it's to be used for commercial or profitmaking purposes.

Information will be released for genealogy research subject to the following requirements:

- Birth Certificates:
  - No information shall be released from a sealed birth certificate.
  - The birth certificate must be on file for at least 75 years.
  - The person to whom the birth certificate relates is known by the applicant to be deceased.
- Death Certificates:
  - The death certificate must be on file for at least 50 years.
- Marriage Certificates
  - The marriage certificate must be on file for at least 50 years.
  - The bride and groom are known by the applicant to be deceased.

Please refer to the application with regards to the fees associated with the research of a document for genealogy purposes. Please note that these fees are per document researched and that more than one document can be researched per application. Checks should be made payable to the *Town of Montgomery*.

The Town of Montgomery maintains records for the following time periods:

- Death Certificate      1890 – Present
- Birth Certificates      1875 – Present
- Marriage Licenses      1881 - Present

Very truly yours,

Tara Stickles, Registrar  
Town of Montgomery  
110 Bracken Road, Montgomery, NY 12549  
Telephone: 845.457.2660  
Email: [tstickles@townofmontgomery.com](mailto:tstickles@townofmontgomery.com)

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