

**TOWN OF BALLSTON**  
Carol A. Gumienny, Town Clerk  
P.O. BOX 67  
BURNT HILLS, NEW YORK 12027-0067  
(518) 885-8502 ext. 10 Fax (518) 884-2839  
*"An Equal Opportunity Employer"*

**VITAL RECORDS REQUEST FORM**

NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**\*\* COPY OF DRIVER'S LICENSE, PASSPORT OR NON-DRIVER PHOTO I.D. IS MANDATORY**

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**BIRTH RECORD (\$10.00)**

NAME AT BIRTH: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

FATHERS NAME: \_\_\_\_\_ MOTHERS NAME: \_\_\_\_\_

YOUR RELATIONSHIP TO SAID PERSON: \_\_\_\_\_

IF ATTORNEY, GIVE NAME AND RELATIONSHIP OF YOUR CLIENT TO THE PERSON WHO'S RECORDS ARE BEING REQUESTED: \_\_\_\_\_

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**DEATH RECORD (\$10.00)**

NAME AT DEATH: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

PLACE OF DEATH: \_\_\_\_\_ SS # OF DECEASED: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

FATHER OF THE DECEASED: \_\_\_\_\_ MOTHER MAIDEN NAME: \_\_\_\_\_

YOUR RELATIONSHIP TO THE PERSON NAMED IN THE DEATH RECORD AND PURPOSE OF REQUEST: \_\_\_\_\_

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**MARRIAGE RECORD (\$10.00)**

BRIDE NAME: \_\_\_\_\_ GROOM NAME: \_\_\_\_\_

MARRIAGE DATE: \_\_\_\_\_ MARRIAGE PLACE: \_\_\_\_\_

YOUR RELATIONSHIP TO THE PERSONS NAMED IN THE MARRIAGE RECORD AND PURPOSE OF REQUEST: \_\_\_\_\_

IF ATTORNEY, GIVE NAME & RELATIONSHIP OF YOUR CLIENT TO THE PERSON WHOSE RECORD ARE BEING REQUESTED AND PURPOSE OF REQUEST: \_\_\_\_\_

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