

To order a genealogical search by mail, fill out the attached form and send it to:

Rhinebeck Town Clerk  
80 East Market Street  
Rhinebeck, NY 12572

You can also obtain the same information in person at the above address.

If the record sought is a birth record less than 75 years old, or a death or marriage record less than 50 years old, you must provide proof that you are a direct descendant, or acting on behalf of a direct descendant, of the person whose record is requested.

Please provide a check for \$11 *per search* ordered made out to "The Town of Rhinebeck", and a postage-paid return envelope. The charge is for the search and you will receive either a plain paper (*not certified*) copy of the record or a notification that there is no record.

# General Information and Application For Genealogical Services

VITAL RECORDS COPIES CANNOT BE PROVIDED FOR COMMERCIAL PURPOSES.

1. FEE - \$11.00 includes search and uncertified copy or notification of no record.

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

<b>Birth</b>	Name at Birth _____	<b>Birth</b>	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 _____		
<b>Marriage</b>	Name of Bride _____	<b>Marriage</b>	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 _____
<b>Death</b>	Name at Death _____	<b>Death</b>	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 \_\_\_\_\_

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 \_\_\_\_\_