

**VILLAGE OF SAG HARBOR**55 MAIN ST., PO BOX 660
SAG HARBOR, N.Y. 11963
631-725-0222**Application for
Genealogical Services**

Fee Schedule (for EACH record requested):

1-3 years \$22.00	31-40 years \$102.00
4-10 years \$42.00	41-50 years \$122.00
11-20 years \$62.00	51-60 years \$142.00
21-30 years \$82.00	61-70 years \$162.00

This application is for genealogical requests only. Enclose check or money order with this application.

BIRTH	Name at Birth: _____	BIRTH	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: _____
MARRIAGE	Name of Bride: _____	MARRIAGE	Name of Bride: _____
	Name of Groom: _____		Name of Groom: _____
	Date of Marriage: _____		Date of Marriage: _____
	Place of Marriage and/or License No.: _____		Place of Marriage and/or License No.: _____
DEATH	Name at Death: _____	DEATH	Name at Death: _____
	Date of Death: _____		Date of 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? _____

In what capacity are you acting? _____

What is your relationship to the person whose record is requested? _____

Signature of Applicant _____ Date _____

Address _____ Phone _____

Send record to: Name: _____ Address: _____ City: _____ State: _____ Zip: _____	If requesting birth and marriage records, please affirm the following statement: To the best of my knowledge, the person(s) named in the application are deceased. Signature: _____
---	---