



TOWN OF MONROE
 VALERIE BITZER, TOWN CLERK
 1465 ORANGE TURNPIKE, MONROE, NY 10950
 (845) 783-1900; FAX (845) 782-5597
valerie@monroeny.org

MAIL APPLICATION FOR CERTIFICATION OF BIRTH, DEATH AND/OR MARRIAGE RECORD

FEE: \$10.00 (per copy / Non-Refundable) check or money order made payable to TOWN OF MONROE.
 You will be charged a \$20.00 penalty in addition to the appropriate document fee for any check returned unpaid.
 PLEASE ENCLOSE A SELF-ADDRESSED, STAMPED, RETURN ENVELOPE WITH **PHOTOCOPY OF ACCEPTABLE IDENTIFICATION (Driver License, Non-driver ID, Passport, Naturalization papers, Military ID).**
Individuals who have had a name change must provide legal documents proving name change.

***BIRTH CERTIFICATE:** Issued only to person named on record if 18 years or older, parent, or other lawful representative and to no one else except by court order.

Full Name of Person at Birth: _____
 Date of Birth: _____
 Father's Full Name: _____
 Mother's Full Maiden Name: _____
 Purpose for which record is required: _____ Number of Copies: _____
 Relationship to person on record requested: _____

***DEATH CERTIFICATE:** Issued to spouse, children, siblings or parents of deceased or other lawful representative with medical of legal documentation.

Name of deceased: _____ Date of Death: _____
 No. of photocopies requested with _____ AND/OR without _____ confidential cause of death
 Purpose for which relationship to person
 Record is required: _____ on record requested: _____

***MARRIAGE CERTIFICATE:** By law, marriage records issued only to bride, groom, or by court order.

Spouse's Full Name (Birth or other): _____
 Spouse's Full Name (Birth or other) at time of application for license: _____
 Date and location of marriage: _____
 Purpose for which record is required: _____ No. of copies: _____

I HEREBY STATE THAT THE INFORMATION SUPPLIED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE, AND THAT THE SIGNATURE ON THIS APPLICATION IS MY OWN.

DATE: _____ PRINTED NAME OF APPLICANT: _____
 SIGNATURE OF APPLICANT: _____
 PHONE #: _____ ADDRESS OF APPLICANT: _____

OFFICE USE ONLY:

ID Provided: _____ Vital Rec Form No. _____ Receipt No. _____ Clerk ID _____