



TOWN OF WILTON
Carol Maynard, Town Clerk
Julie Hotaling, Deputy Town Clerk

22 Traver Rd.
Wilton, NY 12831
Phone: (518) 587-1939
Fax: (518) 587-2837

NAME OF APPLICANT: _____ DATE: _____

SOCIAL SECURITY NUMBER: _____ AREA CODE & PHONE NUMBER: _____

STREET ADDRESS: _____

CITY, STATE & ZIP CODE: _____

SIGNATURE: _____

BIRTH RECORD (\$10.00)

NAME AT BIRTH: _____ DATE OF BIRTH: _____

PLACE OF BIRTH: _____

FATHERS NAME: _____ MOTHERS NAME: _____

YOUR RELATIONSHIP TO THE PERSON NAMED IN THE BIRTH RECORD _____

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

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: _____

IF ATTORNEY, GIVE NAME AND RELATIONSHIP OF YOUR CLIENT TO THE PERSON WHO'S RECORDS ARE BEING REQUESTED: _____ PURPOSE FOR REQUEST: _____

MARRIAGE RECORD (\$10.00)

NAME OF BRIDE: _____ NAME OF GROOM: _____

DATE OF MARRIAGE: _____ PLACE OF MARRIAGE: _____

YOUR RELATIONSHIP TO THE PERSONS NAMED IN THE MARRIAGE RECORD _____

IF ATTORNEY, GIVE NAME & RELATIONSHIP OF YOUR CLIENT TO THE PERSON WHOSE RECORD ARE BEING REQUESTED: _____

FOR REGISTRARS USE ONLY

DRIVER LICENSE# _____ OTHER: _____