



# TOWN OF ROCHESTER

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## CERTIFICATE REQUEST FORM

I request a certified copy of a

### BIRTH RECORD:

Name on Birth Certificate: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### DEATH RECORD

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_

### MARRIAGE RECORD

Name of Parties: \_\_\_\_\_

\_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Name of Person requesting copies: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Notes: \_\_\_\_\_

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