

 “The Heart of the Park…Where the Eagle Soars”

[www.shandaken.us](http://www.shandaken.us) P.O. Box 134, 7209 Rte. 28, Shandaken, NY 12480

Supervisor: (845) 688-7165

Police: (845) 688-9902

**Town Clerk: (845) 688-5004**

Justice Court: (845) 688-5005

Assessor: (845) 688-5003

Assessor Fax: (845) 688-5708

ZBA/ZEO/Planning: (845) 688–5008

Highway: (845) 688-9901

Fax: (845) 688-2041

**Application for Genealogical Services**

Town of Shandaken Original Birth, Death and Marriage records begin in 1881.

To ensure complete research, provide as much information as possible.

$22.00 fee must be paid in advance, you will be notified of any additional charges. For each Inquiry,

Completed application and Check or Money Order made out to Shandaken Town Clerk can be mailed to:

PO Box 67 Shandaken, NY 12480

**Applicants Information:**

Applicants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete the type of record requested:**

[ ] Birth (record must be 75 years old)

If requesting Birth or Marriage records, sign the following statement: To the best of my knowledge, the record holder is deceased.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name at Birth: |  |
| Date of Birth: |  |
| Place of Birth: |  |
| Father’s Name: |  |
| Mother’s Maiden Name: |  |

[ ] Marriage (record must be 50 years old)

|  |  |
| --- | --- |
| Name at Birth: |  |
| Date of Birth: |  |
| Place of Birth: |  |
| Father’s Name: |  |
| Mother’s Maiden Name: |  |

[ ] Death (record must be 50 years old)

|  |  |
| --- | --- |
| Name at Death: |  |
| Date of Death: |  |
| Place of Death: |  |
| Name of Parents: |  |
| Name of Spouse: |  |

**Please complete the following information:**

|  |  |
| --- | --- |
| For what purpose is this information required? |  |
| Applicants’ relationship to the record holder? |  |
| In what capacity are you acting? |  |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_