

SULLIVAN COUNTY HEALTH DEPARTMENT



GENEALOGY REQUEST FORM

Date of Birth/Death:	Name:
Date of Birth/Death:	Name:
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Date of Birth/Death:	Name:
Date of Birth/Death:	Name:
Date of Birth/Death:	Name:
REQUESTORS NAME:	ADDRESS:
PHONE #:	
SIGNATURE:	DATE:

ALL RECORDS FOR GENEALOGY MUST BE 75 YEARS OLD OR OLDER
PAYMENT METHOD: CASH & MONEY ORDER ONLY (NO CHECKS OR CREDIT CARDS ACCEPTED)
\$1.00 PER PHOTOCOPY