

Send request to: Cindy Goliber, Town Clerk/Registrar Town of Potsdam 18 Elm Street Potsdam NY 13676 315-265-3430 townclerk@potsdamny.us		Required ID must be included with application (see instructions). Make check or money order payable to the Potsdam Town Clerk.	
Name of Deseased:		Social Security # of the Deseased:	
<i>First Middle Last</i>			
Town where death occurred: Austerlitz	Address of where death occurred:		
	<i>Street</i>	<i>Town</i>	<i>State Zip</i>
Date of Death or Period to be Covered by Search: <i>(mm/dd/yyyy)</i>	Date of Birth of Deseased:	Age at Death:	
<i>From To</i>	<i>mm/dd/yyyy</i>		
Maiden Name of Mother of Deseased:		Death Certificate #: <i>(if known)</i>	
<i>First Middle Maiden Last</i>			
Name of Father of Deseased:		Local Registration #: <i>(if known)</i>	
<i>First Middle Last</i>			
Purpose for Which Record is Required:		What is your relationship to person whose record is required?	
In What Capacity are you Acting?			
If attorney, give name and relationship of your client to person whose record is required:			
Submit documentation of a lawful right or claim if you are not the spouse, parent or child of the deceased.			
Signature of Applicant:	Date Signed:	Search Fee: \$10.00	Certification Fee: \$10.00
	<i>mm/dd/yyyy</i>	\$10.00 X _____	Search Fee <u> \$10.00 </u>
		Add'l certified copies	= _____
			Total: _____
Address of Applicant:		* First certified copy is included in search fee	
<i>(Applicant's Name)</i>		If record is sent to a different name and address:	
<i>(Street)</i>		<i>(Name)</i>	
<i>(City) (State) (Zip)</i>		<i>(Street)</i>	
Telephone Number:		<i>(City) (State) (Zip)</i>	