

Request for Genealogical Information

Town of Altona • P.O. Box 79 • Altona, NY 12910

Date Received by
Town Historian:

Applicant's Information

Name:	Address:	Phone & Email:
_____	_____	_____

Known Information

Applicant, please fill in as much information as you know.

Birth	Marriage	Death
Birth Name: _____	Spouse: _____	Name at Death: _____
Date: _____	Date: _____	Date: _____ Age: _____
Place: _____	Place of Marriage &/or License: _____	Place of Death: _____
Mother's Name: _____		Place of Burial: _____
Father's Name: _____		Children: _____ _____

Requested Information

Applicant, please list the information you are requesting and any other information you have that may be helpful.

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