

Office of the Town Clerk

Carmel Town Hall
60 McAlpin Avenue
Mahopac, NY 10541

Ann Spofford, Town Clerk
Phyllis Bourges, Deputy Town Clerk

Telephone: 845-628-1500
Fax: 845-628-7434

GENEALOGICAL SERVICES

Requests must be made in writing using the attached NYS Form DOH-4384 (12/05)

Town of Carmel vital records date back to 1882.

We will **only** have the record if:

- The birth occurred in the Town of Carmel
- The death occurred in the Town of Carmel
- The marriage license was purchased here in this Town Clerk's office

Otherwise, you will have to request the record directly from the New York State Department of Health by mailing the attached form DOH-4384 to: NYS Dept. of Health, Vital Records Section, PO Box 2602, Albany, NY 12220-2602.

Please be advised that unless the following time requirements have been met, you must provide documentation showing that you are a direct descendant of the person whose record you are requesting.

- Birth record must be on file for at least 75 years and the person of record must be deceased.
- Death record must be on file for at least 50 years.
- Marriage record must be on file for at least 50 years and both parties to the marriage are deceased.

Note: If these time requirements have been met you do NOT need to provide documentation of descendency.

Genealogy Fee Schedule: Fee varies depending on requested number of years to be searched.

1-3 years -	\$22.00	31-40 years -	\$102.00
4-10 years -	\$42.00	41-50 years -	\$122.00
11-20 years -	\$62.00	51-60 years -	\$142.00
21-30 years -	\$82.00	61-70 years -	\$162.00

Checks or money orders may be made payable to "Ann Spofford, Town Clerk" and should be mailed to the above noted address along with a self-addressed stamped envelope.

General Information and Application for Genealogical Services

VITAL RECORDS COPIES CANNOT BE PROVIDED FOR COMMERCIAL PURPOSES.

Return to: New York State Department of Health, Vital Records Section, P.O. Box 2602, Albany, NY 12220-2602

1. FEE - \$22.00 includes search and uncertified copy or notification of no record.
2. Original records of births and marriages for the entire state begin with 1881, deaths begin with 1880, EXCEPT for records filed in Albany, Buffalo and Yonkers prior to 1914. Applications for these cities should be made directly to the local office.
3. The New York State Department of Health does not have New York City records except for births occurring in Queens and Richmond counties for the years 1881 through 1897.
4. Please read the Administrative Rule Summary on the reverse side of this sheet which specifies years available for genealogical research.

To insure a complete search, provide as much information as possible.

Please complete the applicable section for each type of record requested: birth, death or marriage.

Birth	Name at Birth _____ Date of Birth _____ State File Number _____ Place of Birth _____ Father's Name _____ Mother's Maiden Name _____	Birth	Name at Birth _____ Date of Birth _____ State File Number _____ Place of Birth _____ Father's Name _____ Mother's Maiden Name _____
Marriage	Name of Bride _____ Name of Groom _____ Date of Marriage _____ State File Number _____ Place of Marriage and/or License _____	Marriage	Name of Bride _____ Name of Groom _____ Date of Marriage _____ State File Number _____ Place of Marriage and/or License _____
Death	Name at Death _____ Date of Death _____ Age at Death _____ Place of Death _____ Names of Parents _____ Name of Spouse _____ State File Number _____	Death	Name at Death _____ Date of Death _____ Age at Death _____ Place of Death _____ Names of Parents _____ Name of Spouse _____ State File Number _____

For what purpose is information required? _____

What is your relationship to person whose record is requested? _____

In what capacity are you acting? _____

SIGNATURE OF APPLICANT _____ DATE _____

Address _____ Phone _____

Send record to: (please print)
 Name _____
 Address _____
 City _____ State _____ Zip Code _____

If requesting birth and marriage records, please sign the following statement:
 To the best of my knowledge, the person(s) named in the application are deceased.

 SIGNATURE OF APPLICANT