



**TOWN OF ULSTER TOWN CLERK/REGISTRAR**  
**1 TOWN HALL DRIVE**  
**LAKE KATRINE, NY 12449**  
**845-382-2455**  
**<http://townofulster.ny.gov>**

Town of Ulster Original Birth, Death and Marriage records begin in 1882.  
 To ensure complete research, provide as much information as possible.

**\$22.00 fee must be paid in advance. Photo ID Required**

**You will be notified of any additional charges.**

Completed application and Check or Money Order made out to Ulster Town Clerk can be mailed  
 to: 1 Town Hall Drive, Lake Katrine, NY 12449

**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)

Name at Birth:	_____
Date of Birth:	_____
Place of Birth:	_____
Father's Name:	_____
Mother's Maiden Name:	_____

Marriage (record must be 50 years old)

Name of Party 1	_____
Name of Party 2	_____
Date of Marriage	_____
Place of Marriage	_____
Other :	_____

Death (record must be 50 years old)

Name at Death:	_____
Date of Death:	_____
Place of Death:	_____
Name of Parents:	_____
Name of Spouse if appl.	_____

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

**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: \_\_\_\_\_