



## SURROGATE COURT RECORD REQUEST

I would like to request information on the Rensselaer County Surrogate Court Record for the individual shown below.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

File Number: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*

Requester's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Send check for \$30 per file (\$25 for RCHS and TIGS members) made payable to RCHS.
  - a. Fee covers costs of locating and pulling file, photocopying all material in file, and mailing copies to you.
  - b. RCHS will contact you when your request is received
  - c. Allow at least 6 weeks for your file to be returned
2. Mail this form and check to

RCHS  
Surrogate Record Request  
57 Second Street  
Troy NY 12180