]	LACKAWANNA COUNTY	7	
		APPLICATION FOR		
BIRTH/DEATH RECORDS (Birth Records available from 1893 – 1905)				
		Births/Deaths that occurred in	/	n***
0	0	e request:		
Signature rec	quired on all reque	ests.		
PRINT or T	YPE your name	and address:		
Name:				
Relation to p	erson named on th	he certificate:		
Address:City:				
State:	Zip:	Phone:		
requested ce		ation below with regard to t	•	
	opies			
Name at Birt	th/ Death:			
Place of Birt	h/Death:			
Maiden nam	e of Mother:			
Full name of	Father:			
Date of Birth	n/Death:		Sex: M	F
	lease enclose a self-ad	IMPORTANT: PLEASE NOTE alogy searches is \$ 25.00 per search ddressed envelope along with a che the License Bureau in the applicable Mail requests to:	eck made payable to the	refundable.
		FRANCES KOVALESKI		
		Register of Wills		
	The	Clerk of Orphans' Court e Scranton Electric Building Suite	400	
	1 110	507 Linden Street		
		Scranton, PA 18503		
		570-963-6702		