

**APPLICATION
COMMISSIONER OF DEEDS
Appointments & Reappointments**

APPLICANT INFORMATION

Name:			Date of Birth:		
Current address:		City:		State:	Zip:
Phone:		Email:		Fax:	
How Long in New Rochelle:	Citizenship: Yes <input type="checkbox"/> No <input type="checkbox"/>	Place of Birth:	Naturalized: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Signature:					

EMPLOYMENT INFORMATION

Current employer:			Occupation:		
Employer address:		City:		State:	How long?
Phone:		E-mail:		Fax:	

ORIGINAL APPOINTMENTS ONLY

First Witness (Not Residing in Household)

Name:					
Address:				Phone:	
City:		State:		Zip Code:	
Relationship:		Email Address:		Years Known:	

Second Witness (Not Residing in Household)

Name:					
Address:				Phone:	
City:		State:		Zip Code:	
Relationship:		Email Address:		Years Known:	

SIGNATURES

I swear that the above information is true:

Signature of Applicant: _____

Date: _____

Notary: Sworn and subscribed before me: _____ Seal: _____

Address: _____

This _____ day of _____ 20 _____

City Clerk Fee: \$10.00

The application will be forwarded to the County Clerk's Office. The County Clerk will contact the applicant about their fees and additional paperwork needed to complete the process.