

# **Schuyler Birthday Form**

(Please Print)

Birthday Person: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please drop off at Schuyler Town Office or e-mail to  
Birthdays@townofschuylerny.gov by the 15th of the  
month.