NEW YORK STATE DEPARTMENT OF HEALTH Vital Records Section

Application to Town/City Clerk for Copy of Marriage Record

TYPE OF I	RECORD DESIRE	D (Enter Numb	er of Copi	es)	
Search and Certified Transcript	Fee \$10.00 per copy	Search and Certified Copy			Fee \$10.00 per copy
A Certified Transcript is an abstract from the marriage record issued under the seal of the town/city clerk. It includes the names of the contracting parties, their residence at the time the license was issued, date and place of marriage as well are determined to the time the license was issued.		A Certified Copy includes all of the items of information occurring on the original record of the marriage.			
as date and place of birth of the bride and groom. A Certified Transcript may be used as proof that a marriage occurred.		A Certified Copy may be needed where proof of parentage and certain other detailed information may be required such as: passports, veteran's benefits, court proceedings, or settlement of an estate.			
Bride/Groom/Spouse					
Name (as recorded on marriage license):				I	Date of Birth: (or age at time of marriage)
First Middle If Previously Married, State Name Used at that	Last Time:		Birth Name (if d Residence		of marriage):
First Middle	Last			County	Stale
Bride/Groom/Spouse					
Name (as recorded on marriage license):					Date of Birth: (or age at time of marriage)
First Middle Last If Previously Married, State Name Used at that Time:		Birth Name (if different) Residence (at time of marriage):			
First Middle	Last			County	State
Marriage Information					
Place Where Marriage License Was Issued:			Marriage Certifi (if known)	cate No.:	Local Registration No.: (if known)
Town or City County Purpose for which record is required:	Town or City	County		Data of	Marriage or Pariod
In what capacity are you acting?:	What is your relation (If self, state "SELF"	ord is required?	Search to: fif searchin	(mm / dd / yyyy) g period) (mm / dd / yyyy)	
If attomey, give name and relationship of your cli	ient to person whose record	d is required:			
Signature of Applicant	Date:	Applicant's Phone Number:			
Name of Applicant:	Please print name and address where record is to be sent:				
Address of Applicant:					
City	State ZIP	City			State ZIP