NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Application to Town/City Clerk for Copy of Marriage Record

TYPE OF RECORD DESIRED (Enter Number of Copies)

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 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 includes all of the items of information occurring on the original record of the marriage. 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): *First* *Middle* *Last* *Birth Name (if different)*

Date of Birth: *(or age at time of marriage)*

If Previously Married, State Name Used at that Time: *First* *Middle* *Last*

Residence (at time of marriage): *County* *State*

Bride/Groom/Spouse

Name (as recorded on marriage license): *First* *Middle* *Last* *Birth Name (if different)*

Date of Birth: *(or age at time of marriage)*

If Previously Married, State Name Used at that Time: *First* *Middle* *Last*

Residence (at time of marriage): *County* *State*

Marriage Information

Place Where Marriage License Was Issued: *Town or City* *County*

Place Where Marriage Was Performed: *Town or City* *County*

Marriage Certificate No.: *(if known)*

Local Registration No.: *(if known)*

Purpose for which record is required:

Date of Marriage or Period Covered by Search:
Married on or Search from: _____ *(mm / dd / yyyy)*
Search to: _____ *(if searching period)* *(mm / dd / yyyy)*

In what capacity are you acting?:

What is your relationship to person whose record is required? (If self, state "SELF".)

If attorney, give name and relationship of your client to person whose record is required:

Signature of Applicant ▶ Date:

Applicant's Phone Number:

Name of Applicant:

Address of Applicant:

City *State* *ZIP*

Please print name and address where record is to be sent:

City *State* *ZIP*