NEW YORK STATE DEPARTMENT OF HEALTH Vital Records Section

Application to Town/City Clerk for Copy of Marriage Record

TYPE OF RECORD DESIRED (Check One)							
Search and Certification Fee \$10.00 per copy	Search and Certified Copy						
A Certification, an abstract from the marriage record issued under the seal of the Health Department, includes the names of the contracting parties, their residence at the time the license was issued as well as date and place of birth of the bride and groom. A Certification may be used as proof that a marriage occurred.	A Certified Transcript includes all of the items of information occurring on the original record of the marriage. A Certified Transcript 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.						

PLEASE COMPLETE FORM AND REMIT FEE									
	INT OR TYPE								
Name	(First)	(Middle)	(Last)	Name	(First)	(Middle)	(Last)		
of				of			, ,		
Groom				Bride					
Groom's Age				Bride's Age					
or Date of				or Date of					
Birth				Birth					
Residence	(County)		(State)	Residence	((County)	(State)		
of				of					
Groom				Bride					
Date of Marria	age			If Bride Previo	ously				
or Period Covered					Married, State Name				
by Search				Used at That	Time		,		
Place Where				Place Where					
License Was				Marriage Was	Marriage Was				
Issued				Performed					
For what purpose is information required?			What is your relationship to person whose record is requested? If self, state "self."						
				in sen, state s	en.				
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In what capacity are you acting?			If attorney: Name and relationship of your client to persons						
in mai supus	ny are yeu doin	.9.		whose marriage record is required.					
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Signature of A	oplicant			Date					
5				Duite					
				1					
Address of Ap	plicant		· · · · · · · · · · · · · · · · · · ·	Please print n	ame and a	ddress where reco	ord is to be sent.		
	250								