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 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,			
A Certified Transcript may be used as proof that a	marriage occurred.	court proceedings, or s			
Bride/Groom/Spouse					
Name (as recorded on marriage license):				Date of Birth: (or age at time of marriage)	
First Middle	Last		Birth Name (if di	ferent)	
If Previously Married, State Name Used at that Time: Residence (at					f marriage)
First Middle	Last	Co		County	State
Bride/Groom/Spouse					
Name (as recorded on marriage license):					Date of Birth: <i>for age at time of marriage</i>)
First Middle	Last		Birth Name (if di	fferent)	
If Previously Married, State Name Used at that Time: Residence				e (at time of marriage).	
First Middle	Last			County	State
Marriage Information					
Place Where Marriage License Was Issued:	Place Where Marriage Was Performed:		Marriage Certifi (if known)	cate No.:	Local Registration No.:
Town or City County	Town or City	County			
Cu					
n what capacity are you acting?: What is your relationship to person whose record is required? (If self, state "SELF",)			cord is required?	(mm / dd / yyyy) Search to: (if searching period) (mm / dd / yyyy)	
If attorney, give name and relationship of your	client to person whose reco	ord 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:					н. Н
City	State ZIP	City			State ZIP