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

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

Birth Name (if different)

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

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

Birth Name (if different)

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: Place Where Marriage Was Performed:

Town or City  County  Town or City  County

Marriage Certificate No.: Local Registration No.:
(if known) (if known)

Date of Marriage or Period Covered by Search:

Married on or
Search from:

Search to:
(if searching period) (mm/dd/yyyy)

Purpose for which record is required:

In what capacity are you acting?: What is your relationship to person whose record is required?

(Property, 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:

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

City  State  ZIP

City  State  ZIP