NEW YORK STATE DEPARTMENT OF HEALTH Vital Records Section

Application to Town/City Clerk for Copy of Marriage Record

TYPE OF RECORD D	ESIRED (Check One)			
Search and Certification Fee \$10.00 per copy	Search and Certified Copy Fee \$10.00 per 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 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			
A Certification may be used as proof that a marriage occurred.	proceedings, or settlement of an estate.			

		PLEA	SE COMPLETE	FORM AND) REM	IT FEE			
PLEASE PRINT 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				1	of				
Groom		·····		Bride					
Date of Marria				If Bride Previously					
or Period Covered					Married, State Name				
by Search				Used at That	ıme				
Place Where				Place Where					
License Was Issued				Marriage Was Performed					
ISSUEU				Periorined	**********				
For what purpose is information required?			What is your relationship to person whose record is requested?						
				If self, state "s	elf."				
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In what capacity are you acting?				If attorney: Name and relationship of your client to persons whose marriage record is required.					
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Signature of Applicant				Date					
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Address of Applicant				Please print n	ame and	d address where reco	ord is to be sent.		
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DOH-301 (3/93)