## 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	A Certified Transcript includes all of the items of information occurring on the original record of the marriage.			
was issued as well as date and place of birth of the bride and groom.	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.			

		PLEAS	SE COMPLETE	FORM AND	REMI	T 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			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Residence	(County	)	(State)	Residence		(County)	(State)	
of				of				
Groom				Bride				
Date of Marria					If Bride Previously			
or Period Cov	ered				Married, State Name			
by Search				Used at That Time				
Place Where				Place Where				
License Was				Marriage Was				
Issued				Performed	Performed			
For what purpose is information required?				What is your relationship to person whose record is requested?  If self, state "self."				
In what capacity are you acting?				If attorney: Name and relationship of your client to persons whose marriage record is required.				
Signature of A	Applicant			Date				
Address of Applicant				Please print name and address where record is to be sent.				

DOH-301 (3/93)