

# Application to Town/City Clerk for Copy of Marriage Record

| TYPE OF RECORD DESIRED (Check One)  |  |
|---|--|
| <p>Search and Certification <input type="checkbox"/> Fee \$10.00 per copy</p> <p>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.</p> <p>A Certification may be used as proof that a marriage occurred.</p> | <p>Search and Certified Copy <input type="checkbox"/> Fee \$10.00 per copy</p> <p>A Certified Transcript includes all of the items of information occurring on the original record of the marriage.</p> <p>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.</p> |

| PLEASE COMPLETE FORM AND REMIT FEE           |   |
|--|---|
| PLEASE PRINT OR TYPE                         |   |
| Name (First) (Middle) (Last) of Groom        | Name (First) (Middle) (Last) of Bride   |
| Groom's Age or Date of Birth                 | Bride's Age or Date of Birth  |
| Residence (County) (State) of Groom          | Residence (County) (State) of Bride   |
| Date of Marriage or Period Covered by Search | If Bride Previously Married, State Name Used at That Time   |
| Place Where License Was Issued               | Place Where Marriage Was Performed  |
| For what purpose is information required?    |   |
| <hr/><br><hr/>                               | What is your relationship to person whose record is requested? If self, state "self."<br><br><hr/><br><hr/>           |
| In what capacity are you acting?             |   |
| <hr/><br><hr/>                               | If attorney: Name and relationship of your client to persons whose marriage record is required.<br><br><hr/><br><hr/> |
| Signature of Applicant                       |   |
| <hr/><br><hr/>                               | Date  |
| Address of Applicant                         |   |
| <hr/><br><hr/>                               | Please print name and address where record is to be sent.   |

Return this form with a photocopy of your driver's license to:  
 City of Auburn  
 City Clerk's Office  
 24 South St.  
 Auburn NY 13021