

# Application for Copy of Marriage Record

TYPE OF RECORD DESIRED (Check One)	
Search and Certification <input type="checkbox"/> Fee \$5.00 per copy  A Certification, an abstract from the marriage record issued under the seal of the Department of Health, 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 Certification may be used as proof that a marriage occurred.	Search and Certified Copy <input type="checkbox"/> Fee \$5.00 per copy  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 for passports, veterans' benefits, court proceedings, or settlement of an estate.
PLEASE COMPLETE FORM AND ENCLOSE FEE	
Make money order or check payable to New York State Department of Health. Please do not send cash or stamps. There is no fee for a record to be used for eligibility determination for social welfare or veterans' benefits. Send to:     New York State Department of Health Vital Records Section Empire State Plaza Albany, NY 12237-0223	
PLEASE PRINT OR TYPE	
Name of Groom:	Name of Bride:
First                      Middle                      Last	First                      Middle                      Last
Groom's Age or Date of Birth:	Bride's Age or Date of Birth:
Residence of Groom:	Residence of Bride:
County                      State	County                      State
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:
Purpose for which Record Is 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 the persons whose marriage record is required.
Signature of Applicant _____ Date Requested _____	
Address of Applicant:	Please print name and address where record should be sent:
Street _____	Name _____
City _____ State _____ Zip _____	Address _____
	City _____ State _____ Zip _____