NEW YORK STATE DEPARTMENT OF HEALTH Vital Records Section

Application to Town/City Clerk for Copy of Marriage Record

TYPE OF RECORD DESIRED (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.

PLEASE COMPLETE FORM AND REMIT FEE

PLEASE PRINT OR TYPE	A The culter of Alexany Shuffeld
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	of
Groom	Bride
Date of Marriage	If Bride Previously
or Period Covered	Married, State Name
by Search	Used at That Time
Place Where	Place Where
License Was	Marriage Was
Issued	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 Applicant	Date
	n Dale eo ers 301 el ionn zhoda Pi n sva uch zhoeu C 20 61 (11264)
Address of Applicant	Please print name and address where record is to be sent.

DOH-301 (3/93)

(PLEASE SEE REVERSE SIDE)