

| TYPE OF RECORD DESIRED (Enter Number of Copies)                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <p>Search and Certified Transcript <input style="width: 40px; height: 20px;" type="checkbox"/> Fee \$10.00 per copy</p> <p>A Certified Transcript is an abstract from the marriage record issued under the seal of the town/city clerk. It includes the names of the contracting parties, their residence at the time the license was issued, date and place of marriage as well as date and place of birth of the bride and groom.</p> <p>A Certified Transcript may be used as proof that a marriage occurred.</p> | <p>Search and Certified Copy <input style="width: 40px; height: 20px;" type="checkbox"/> Fee \$10.00 per copy</p> <p>A Certified Copy includes all of the items of information occurring on the original record of the marriage.</p> <p>A Certified Copy 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> |                                                           |                                                                                                       |
| <b>Bride/Groom/Spouse</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                                                                                       |
| Name (as recorded on marriage license):                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           | Date of Birth:<br>(or age at time of marriage)                                                        |
| <i>First</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <i>Middle</i>                                                                                                                                                                                                                                                                                                                                                                                                                                     | <i>Last</i>                                               | <i>Birth Name (if different)</i>                                                                      |
| If Previously Married, State Name Used at that Time:                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           | Residence (at time of marriage):                                                                      |
| <i>First</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <i>Middle</i>                                                                                                                                                                                                                                                                                                                                                                                                                                     | <i>Last</i>                                               | <i>County</i> <i>State</i>                                                                            |
| <b>Bride/Groom/Spouse</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                                                                                       |
| Name (as recorded on marriage license):                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           | Date of Birth:<br>(or age at time of marriage)                                                        |
| <i>First</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <i>Middle</i>                                                                                                                                                                                                                                                                                                                                                                                                                                     | <i>Last</i>                                               | <i>Birth Name (if different)</i>                                                                      |
| If Previously Married, State Name Used at that Time:                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           | Residence (at time of marriage):                                                                      |
| <i>First</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <i>Middle</i>                                                                                                                                                                                                                                                                                                                                                                                                                                     | <i>Last</i>                                               | <i>County</i> <i>State</i>                                                                            |
| <b>Marriage Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                                                                                       |
| Place Where Marriage License Was Issued:                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Place Where Marriage Was Performed:                                                                                                                                                                                                                                                                                                                                                                                                               | Marriage Certificate No.:<br>(if known)                   | Local Registration No.:<br>(if known)                                                                 |
| <i>Town or City</i> <i>County</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <i>Town or City</i> <i>County</i>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           |                                                                                                       |
| Purpose for which record is required:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           | Date of Marriage or Period Covered by Search:<br>Married on or Search from: _____<br>(mm / dd / yyyy) |
| In what capacity are you acting?:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | What is your relationship to person whose record is required?<br>(If self, state "SELF".)                                                                                                                                                                                                                                                                                                                                                         |                                                           | Search to: _____<br>(if searching period) (mm / dd / yyyy)                                            |
| If attorney, give name and relationship of your client to person whose record is required:                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                                                                                       |
| Signature of Applicant<br><br>▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date:                                                     |                                                                                                       |
| Applicant's Phone Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                                                                                       |
| Name of Applicant:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Please print name and address where record is to be sent: |                                                                                                       |
| Address of Applicant:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                                                                                       |
| <i>City</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <i>State</i>                                                                                                                                                                                                                                                                                                                                                                                                                                      | <i>ZIP</i>                                                | <i>City</i> <i>State</i> <i>ZIP</i>                                                                   |

# Where to Apply for Record of Marriage

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## 1. License Issued in New York State (Outside of New York City)

| Year of Marriage                                                                                                                                                                  | Apply to:                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| * 1881 to present (\$10.00 per copy)                                                                                                                                              | Town or City Clerk<br>Where license was issued (purchased)                                                                                                                                                                          |
| * 1881 to present (\$30.00 per copy)<br>If a state issued copy is required<br>or you are not certain in which city<br>or town outside of New York City<br>the license was issued. | New York State Department of Health<br>Vital Records Certification Unit<br>P.O. Box 2602<br>Albany, NY 12220-2602<br><a href="http://www.health.ny.gov/vital_records/marriage.htm">www.health.ny.gov/vital_records/marriage.htm</a> |
| * 1880 - 1907 and license issued in<br>the cities of Albany, Buffalo or<br>Yonkers.                                                                                               | Albany: City Clerk<br>City Hall - 24 Eagle St Rm 202<br>Albany, NY 12207<br><br>Buffalo: City Clerk<br>65 Niagara Square<br>Buffalo, NY 14202<br><br>Yonkers: City Clerk<br>40 S Broadway Rm 107<br>Yonkers, NY 10701               |

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## 2. License Issued in New York City

Contact the office of the New York City Clerk for information if the marriage license was issued in any of the five boroughs of New York City:

[www.cityclerk.nyc.gov](http://www.cityclerk.nyc.gov)

Manhattan                      City Clerk of New York  
141 Worth Street  
New York, NY 10013

(212) NEW-YORK / (212) 639-9675

Brooklyn                      (also known as Kings)

Bronx

Queens

Richmond

(Records prior to 1898 are on file with the New York State Department of Health)

(also known as Staten Island)

(Records prior to 1898 are on file with the New York State Department of Health)

**PLEASE NOTE:** Records of marriages in areas of the present City of New York, which were not part of the city at the time of marriage, are on file with the State Department of Health.