TOWN OF FRANKFORT
APPLICATION FOR COPY OF MARRIAGE RECORD

Registrar of Vital Statistics
Town of Frankfort
201 Third Ave.
Frankfort, NY 13340

Fee: $10 per copy
Make checks payable to
Town of Frankfort
Please do not send cash

PLEASE COMPLETE FORM (PRINT OR TYPE) & ENCLOSE FEE

Name of Groom First Middle Last	Name of Bride First Middle Last
Groom's Date of Birth	Bride's Date of Birth
Residence	Residence
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 _____

Number of Copies Requested _____ at $10 each.

What was your relationship to person whose record is requested? If self, state so. _____

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 _____

Address of Applicant _____

PLEASE PRINT NAME & ADDRESS WHERE RECORD SHOULD BE SENT

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

YOU MUST SUBMIT COPY OF DRIVER'S LICENSE OR OTHER FORM OF IDENTIFICATION WITH REQUEST