



CITY OF JOHNSTOWN

Office of the City Registrar
33-41 East Main Street
Johnstown, New York 12095
(518) 736-4011

- OFFICE USE ONLY -

Document Located: Yes ☐ No ☐ Register #: _____

of copies issued _____ x \$10 = \$ _____

Receipt # _____ Date: ____/____/____

Fee Paid: _____ Cash: ☐ Check: ☐ Credit: ☐

Signature _____

APPLICATION FOR COPY OF MARRIAGE RECORD

1. Fee: \$10.00 per copy

2. Identification Requirements: Application must be submitted with copies of either A or B.

A. One (1) of the following forms of photo ID

- Driver's License / Non-Driver ID
- Passport
- Employment / Military ID

B. Two (2) of the following showing applicants name and address:

- Utility bill
- Telephone bill
- Letter from a government agency dated within the last six (6) months

3. Copies will only be issued to the spouses named on certificate, for a documented judicial or proper purpose, or by a New York State court order.

Purpose for which record is required (check at least one):

- ☐ Passport ☐ Working Papers ☐ Welfare Assistance ☐ Social Security ☐ School Entrance ☐ Veteran's Benefits
☐ Retirement ☐ Driver's License ☐ Court Proceeding ☐ Armed Forces ☐ Employment ☐ Other _____

What is your relationship to person whose record is required:

If attorney, give name and relationship of your client to person whose record is required:

4. MARRIAGE INFORMATION

Date of Marriage: ____/____/____

Number of copies requested:

BRIDE / GROOM / SPOUSE - Name as listed on Marriage License:

First Middle Last Birth Name if Different

Date of Birth: ____/____/____

Residence at time of Marriage:

BRIDE / GROOM / SPOUSE - Name as listed on Marriage License:

First Middle Last Birth Name if Different

Date of Birth: ____/____/____

Residence at time of Marriage:

5. APPLICANT INFORMATION

Name:

Mailing Address:

City: State: Zip:

Phone: () - Email:

Signature:

Date: ____/____/____