TOWN OF WILNA
REGISTRAR OF VITAL STATISTICS
414 STATE STREET
CARTHAGE, NY 13619

## APPLICATION FOR A COPY OF A MARRIAGE RECORD

PLEASE COMPLETE FORM AND ENCLOSE FEE
PLEASE PRINT OR TYPE

**'EE: $10.00 PER COPY**
**F FOR GENEALOGY: $22.00 PER COPY**
**Make checks payable to: TOWN OF WILNA** **DO NOT SEND CASH**

| | | |
|---|---|---|
| (First) (Middle) (Last)<br>GROOM<br><br>BRIDE | DATE OF MARRIAGE or Period To Be Covered by Search | |
| PLACE OF MARRIAGE | (Village, Town, City) | (County) |
| NUMBER OF COPIES DESIRED | ENTER LOCAL REGISTRATION NO. if known | |

URPOSE FOR WHICH
ECORD IS REQUIRED _____

_____

_____

_____

hat is your relationship to person whose record is required? If self, state "self" _____

attorney, give name and relationship of your client to person whose record is
quired _____

his office requires written authorization of the person or parents whose record is requested before a search is processed.

gnature of Applicant X _____

ddress of Applicant _____

_____

ate _____

lease print name and address where record should be sent:

lame _____

ddress _____