

TOWN OF DEPOSIT

3 Elm Street
Deposit, New York 13754
PHONE: 607-467-2433
FAX: 607-467-1414

APPLICATION FOR ONE-DAY MARRIAGE OFFICIANT LICENSE

Applicant Name _____ Telephone # _____

Mailing Address _____ Email _____

_____ Date of Birth _____

Proof of identity presented _____

Persons to be married (as appears on the marriage license)

Name _____

Name _____

Address _____

Address _____

Date of Birth _____

Date of Birth _____

I duly swear/affirm that the information provided above is true and accurate.

Date _____

Applicant

Subscribed & sworn to/affirmed before me

Town Clerk/Deputy Town Clerk

License granted this ____ day of _____, 20__

Town Clerk/Deputy Town Clerk

Note: This license is valid only for the parties to be married as described above and shall expire after the marriage ceremony or the expiration of the marriage license, whichever occurs first.