

TOWN OF STOCKHOLM
REGISTRAR OF VITAL STATISTICS
 540 State Highway 11C
 WINTHROP, NY 13697

APPLICATION FOR A COPY OF A **MARRIAGE RECORD**

PLEASE COMPLETE FORM AND ENCLOSE FEE
PLEASE PRINT OR TYPE

FEE: \$10.00 PER COPY

Make checks payable to: **Heather Kish, Town Clerk**

Do not send cash!!

| | |
|--|--|
| First Middle Last GROOM/ BRIDE/ SPOUSE: | First Middle Last MAIDEN NAME OF BRIDE/SPOUSE: |
| DATE OF BIRTH: | BRIDE/SPOUSE DATE OF BIRTH: |
| RESIDENCE OF GROOM: | RESIDENCE OF BRIDE/SPOUSE: |
| DATE OF MARRIAGE OR PERIOD COVERED BY SEARCH: | IF BRIDE/SPOUSE 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 desired: |
| | |

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

If Attorney, give name and relationship to person whose record is required: _____

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

Signature of Applicant: _____

Address of Applicant: _____

Date: _____

Signature must be notarized.

Subscribed and sworn before me this _____ day of _____ 20__

 Notary Public

Notary expires: _____ 20__ Seal:

| |
|---|
| Please print name and address where record should be sent: |
| Name: _____ |
| Address: _____ |
| City: _____ State: _____ Zip: _____ |