

TYPE OF RECORD DESIRED (Check One)

<p>Search and Certification <input type="checkbox"/> Fee \$10.00 per Copy</p> <p>A Certification, an abstract from the marriage record issued under the seal of the Health Department, includes the names of the contracting parties, their residence at the time the license was issued as well as date and place of birth of the bride and groom.</p> <p>A Certification may be used as proof that a marriage occurred</p>	<p>Search and Certification <input type="checkbox"/> Fee \$10.00 per Copy</p> <p>A Certified Transcript includes all of the items of information occurring on the original record of the marriage.</p> <p>A Certified Transcript may be needed where proof of parentage and certain other detailed information may be required such as: passports, veteran's benefits, court proceedings, or settlement of an estate.</p>
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PLEASE COMPLETE FORM AND REMIT FEE

FEES: Make money order or check payable to New York State Department of Health. Please do not send cash or stamps. There is no fee for a record to be used for eligibility determination for social welfare or veteran's benefits.

PLEASE PRINT OR TYPE

Name Of Groom (First) (Middle) (Last)	Name Of Bride (First) (Middle) (Last)
Groom's Age Or Date of Birth	Bride's Age Or Date of Birth
Residence of Groom (County) (State)	Residence of Bride (County) (State)
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
For What purpose is information required? _____	
What is your relationship to person whose record is requested? If self, state "self". _____	
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 and address where record is to be sent.