

Application for Copy of Marriage Certificate

Local Vital Records

Required ID must be included with application. Make check or money order payable to Chautauqua Town Clerk.

Please enclose \$10.00 per Certified copy

Send to:

Chautauqua Town Clerk
2 Academy St.
Mayville, NY 14757

Bride/Groom/Spouse

Name (as recorded on marriage License): _____ Date of Birth: / /

First _____ *Middle* _____ *Last* _____ *Birth name (if different)* _____

If Previously Married, State name used at that time: _____ Residence at time of marriage: _____

First _____ *Middle* _____ *Last* _____ *County* _____ *State* _____

Bride/Groom/Spouse

Name (as recorded on marriage License): _____ Date of Birth: / /

First _____ *Middle* _____ *Last* _____ *Birth name (if different)* _____

If Previously Married, State name used at that time: _____ Residence at time of marriage: _____

First _____ *Middle* _____ *Last* _____ *County* _____ *State* _____

Marriage Information

Date of Marriage or date range: _____

Place where marriage license was issued: _____

Place where marriage was performed: _____

Purpose for which record is required: _____

In what capacity are you acting: _____

What is your relationship to person whose record is required: (if self, state "self") _____

If Attorney, give name & relationship of your client to person whose record is required: _____

IF YOU ARE NOT THE BRIDE, GROOM, OR SPOUSE ON THE RECORD, YOU MUST SUBMIT DOCUMENTATION OF A JUDICIAL OR OTHER PROPER PURPOSE.

Signature of Applicant: _____ Date Signed: _____ Copies X \$10.00 = \$ _____

X _____

Address of Applicant:

Street _____ *City* _____ *State* _____ *Zip* _____

Phone number of Applicant: () - _____

Please Print address to where record should be sent (If different from above): _____