

**Required ID must be included with application. Make check or money order payable to New York State Department of Health.**

<p><b>For regular handling:</b> Enclose \$30 per copy or No Record Certification. Send to: New York State Department of Health Vital Records Certification Unit P.O. Box 2602 Albany, NY 12220-2602</p>	<p><b>For priority handling:</b> Enclose \$45 per copy or No Record Certification. Submission by overnight carrier is recommended. Send to: New York State Department of Health Vital Records Certification Unit 800 North Pearl Street - 2nd Floor Menands, NY 12204</p>
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**Bride/Groom/Spouse**

Name (as recorded on marriage license):  <i>First Middle Last</i>	Date of Birth: <i>(or age at time of marriage)</i>
<i>Birth Name (if different)</i>	
If Previously Married, State Name Used at that Time:  <i>First Middle Last</i>	Residence (at time of marriage):  <i>County State</i>

**Bride/Groom/Spouse**

Name (as recorded on marriage license):  <i>First Middle Last</i>	Date of Birth: <i>(or age at time of marriage)</i>
<i>Birth Name (if different)</i>	
If Previously Married, State Name Used at that Time:  <i>First Middle Last</i>	Residence (at time of marriage):  <i>County State</i>

**Marriage Information**

Place Where Marriage License Was Issued:  <i>Town or City County</i>	Place Where Marriage Was Performed:  <i>Town or City County</i>	Marriage Certificate No.: <i>(if known)</i>	Local Registration No.: <i>(if known)</i>
Purpose for which record is required:		Date of Marriage or Period Covered by Search: Married on or Search from: _____ <i>(mm / dd / yyyy)</i>	
In what capacity are you acting?:	What is your relationship to person whose record is required? <i>(If self, state "SELF".)</i>	Search to: _____ <i>(if searching period) (mm / dd / yyyy)</i>	

If attorney, give name and 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.**

<p>Signature of Applicant: _____</p> <table border="1" style="float: right; margin-left: 20px;"> <tr> <td colspan="3">Date Signed:</td> </tr> <tr> <td style="width:33%;">Month</td> <td style="width:33%;">Day</td> <td style="width:33%;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Date Signed:			Month	Day	Year				<p>Regular Handling <input type="checkbox"/> \$30.00 x <i>(Check Only One)</i> OR Priority Handling <input type="checkbox"/> \$45.00 x _____ Copies = \$ _____</p> <p>Please print or type the name and address where record should be sent: <i>(If delivery is to a P.O. Box or third party, you must submit with this application a notarized statement signed by the applicant and a copy of the applicant's driver license.)</i></p> <p>_____ <i>(Name)</i></p> <p>_____ <i>(Street)</i></p> <p>_____ <i>(City) (State) (Zip)</i></p>
Date Signed:										
Month	Day	Year								
<p>Address of Applicant:</p> <p>_____ <i>(Applicant's Name)</i></p> <p>_____ <i>(Street)</i></p> <p>_____ <i>(City) (State) (Zip)</i></p> <p>Telephone No.: (     ) _____</p>	<p>_____ <i>(City) (State) (Zip)</i></p>									