PAMELA A. JONES, TOWN CLERK TOWN OF GERMAN FLATTS

NEW YORK STATE DEPARTMENT OF HEALTH P.O. BOX 57 Vital Records Section MOHAWK, NEW YORK 13407

Application to Town/City Clerk for Copy of Marriage Record

| TYPE OF RECORD DESIRED (Enter Number of Copies) | | | | | |
|--|---|---|---|------------------|--|
| Search and Certified Transcript | Fee \$10.00 per copy | Search and Fee \$10.00 per copy | | | |
| A Certified Transcript is an abstract from the r seal of the town/city clerk. It includes the name residence at the time the license was issued, d as date and place of birth of the bride and groo | A Certified Copy includes all of the items of information occurring on the original record of the marriage. A Certified Copy may be needed where proof of parentage and certain other detailed information may be required such as: passports, veteran's benefits, | | | | |
| A Certified Transcript may be used as proof that | court proceedings, or se | ettlement of an es | tate. | | |
| Bride/Groom/Spouse | | | | | f |
| Name (as recorded on marriage license): | | | | | Date of Birth: (or age at time of marriage) |
| First Middle | Last | | Birth Name (if d | | |
| If Previously Married, State Name Used at | i i | Residence (at time of marriage): | | | |
| First Middle | Last | | | County | State |
| Bride/Groom/Spouse | | | | | |
| Name (as recorded on marriage license): | | | | 1 | Date of Birth: (or age at time of marriage) |
| First Middle | Last | | Birth Name (if di | | |
| If Previously Married, State Name Used at | | Residence | Residence (at time of marriage): | | |
| | | | | | |
| First Middle Marriage Information | Last | | | County | State |
| Distriction of the state of the | | | | | |
| Flace whiele Maillage License Mas issued | i. Flace vyhere wamage vy | Place Where Marriage Was Performed: Mar | | | Local Registration No.: (if known) |
| Town or City County Purpose for which record is required: | Town or City | County | | T= | |
| Purpose for which record is required: | | Date of Marriage or Period Covered by Search: Married on or Search from: | | | |
| In what capacity are you acting?: | nship to person whose reco ".) | Search to: | | (mm / dd / yyyy) | |
| If attorney, give name and relationship of your client to person whose record is required: | | | | (if searching | g period) (mm / dd / yyyy) |
| | | | | | |
| Signature of Applicant Date: Applicant's Phone Number: | | | | | |
| Name of Applicant: | Please print name and address where record is to be sent: | | | | |
| Address of Applicant: | | | | | |
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| City | State ZIP | City | 100000000000000000000000000000000000000 | | State ZIP |