

Mail-in Application for Copy of Marriage Certificate

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

<p>For regular handling: Enclose \$30 per copy or No Record Certification. Send to: New York State Department of Health Vital Records Section / Certification Unit P.O. Box 2602 Albany, NY 12220-2602</p>	<p>For priority handling: Enclose \$45 per copy or No Record Certification. Submission by overnight carrier is recommended. Send to: New York State Department of Health Vital Records Section / Certification Unit 800 North Pearl Street - 2nd Floor Menands, NY 12204</p>
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Name of Groom (as recorded on marriage license): <i>First Middle Last</i>	Groom's Date of Birth: (or age at time of marriage) <i>(mm / dd / yyyy)</i>
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Name of Bride (as recorded on marriage license): <i>First Middle Maiden Last</i>	Bride's Date of Birth: (or age at time of marriage) <i>(mm / dd / yyyy)</i>
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If Bride Was Previously Married, State Name Used at that Time: <i>First Middle Last</i>	Marriage Certificate No.: (if known)
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Residence of Groom: <i>County State</i>	Place Where License Was Issued: <i>Town or City County</i>	Local Registration No.: (if known)
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Residence of Bride: <i>County State</i>	Place Where Marriage Was Performed: <i>Town or City County</i>	Date of Marriage or Period Covered by Search: <i>Married on or Search from: (mm / dd / yyyy)</i>
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Purpose for which record is required:	In what capacity are you acting?:	Search to: (if searching period) <i>(mm / dd / yyyy)</i>
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What is your relationship to person whose record is required? (If self, state "SELF".)	If attorney, give name and relationship of your client to person whose record is required:
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Submit documentation of a judicial or other proper purpose, if you are not the bride or groom.

Signature of Applicant:	Date Signed: Month Day Year	Regular Handling <input type="checkbox"/> \$30.00 x (Check Only One) OR Priority Handling <input type="checkbox"/> \$45.00 x _____ Copies = \$ _____
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Address of Applicant: <i>(Applicant's Name)</i> <i>(Street)</i> <i>(City) (State) (Zip)</i>	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 drivers license.)</i> <i>(Name)</i> <i>(Street)</i> <i>(City) (State) (Zip)</i>
Telephone No.: ()	