

TELEPHONE # \_\_\_\_\_

# Application to Town Clerk for Copy of Marriage Record

**Required ID must be included with application.**

Please include the fee of \$10 per copy payable to the Town of Eastchester.  
Send a copy of your ID, check and application to:      Town of Eastchester  
40 Mill Road  
Eastchester, NY 10709  
Attn: Town Clerk

### Bride/Groom/Spouse

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

### Bride/Groom/Spouse

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

### Marriage Information

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

|   |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Signature of Applicant:   | Date Signed:<br>Month    Day    Year  | 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> |  |  |  |  |
|   | <table border="1"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| Address of Applicant:   |   |  |  |  |  |  |
| <small>(Applicant's Name)</small>                                 | <small>(Name)</small>   |  |  |  |  |  |
| <small>(Street)</small>   | <small>(Street)</small>   |  |  |  |  |  |
| <small>(City)</small> <small>(State)</small> <small>(Zip)</small> | <small>(City)</small> <small>(State)</small> <small>(Zip)</small>   |  |  |  |  |  |
| Telephone No.: (    )   |   |  |  |  |  |  |