

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):
First Middle Last Birth Name (if different) Date of Birth:
(or age at time of marriage)

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):
First Middle Last Birth Name (if different) Date of Birth:
(or age at time of marriage)

If Previously Married, State Name Used at that Time: Residence (at time of marriage):
First Middle Last County State

Marriage Information

Place Where Marriage License Was Issued: Place Where Marriage Was Performed: Marriage Certificate No.: Local Registration No.:
Town or City County Town or City County (if known) (if known)

Purpose for which record is required: Date of Marriage or Period Covered by Search:
Married on or Search from: _____
(mm / dd / yyyy)

In what capacity are you acting?: What is your relationship to person whose record is required?
(If self, state "SELF".) Search to: _____
(if searching period) (mm / dd / yyyy)

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:

Month	Day	Year

Address of Applicant:

(Applicant's Name)

(Street)

(City) *(State)* *(Zip)*
Telephone No.: ()

Please print or type the name and address where record should be sent: (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.)

(Name)

(Street)

(City) *(State)* *(Zip)*