NEW YORK STATE DEPARTMENT OF HEALTH Vital Records Section

## Application to Town Clerk for Copy of Marriage Record

TYPE OF RECORD D	ESIRED (Check One)
Send request and \$10 To: Town of Rockland	Search and Certified Copy  Fee \$10.00 per copy
P.O. Box 964 Livingston Manor, NY 12758	A Certified Transcript includes all of the items of information occurring on the original record of the marriage.
	A Certified Transcript may be needed where proof of parentage and certain other detailed information may be required such as: passports, veteran's benefits, court proceedings, or settlement of an estate.
PLEASE COMPLETE FORM AND REMIT FEE	
FEES: Make money order or check payable to There is no fee for a record to be used for eligibility determ PLEASE PRINT OR TYPE	Please do not send cash or stamps.
Name (First) (Middle) (Last) of Groom	Name (First) (Middle) (Last) of Bride
Groom's Age or Date of Birth	Bride's Age or Date of Birth
Residence (County) (State) of Groom	Residence (County) (State) of Bride
Date of Marriage or Period Covered by Search	If Bride Previously Married, State Name Used at That Time
Place Where License Was Issued	Place Where Marriage Was Performed
For what purpose is information required?	What is your relationship to person whose record is requested?  If self, state "self."
In what capacity are you acting?	If attorney: Name and relationship of your client to persons whose marriage record is required.
Signature of Applicant	Date
Address of Applicant	Please print name and address where record is to be sent.

DOH-301 (3/93)

VS-34M

(PLEASE SEE REVERSE SIDE)