

Town of North Dansville
 14 Clara Barton St
 Dansville, NY 14437

Mail-in Application for Copy of Marriage Certificate

Required ID must be included with application. Make check or money order payable to Town of North Dansville
 For regular handling: Enclose \$10.00 per copy or No Record Certification
 Send to: Town of North Dansville
 Town Clerk
 14 Clara Barton St
 Dansville, NY 14437

Bride/Groom/Spouse

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

Bride/Groom/Spouse

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

Marriage Information

Place Where Marriage License Was Issued: <i>Town or City</i> <i>County</i>	Place Where Marriage Was Performed: <i>Town or City</i> <i>County</i>	Marriage Certificate No.: <i>(if known)</i>	Local Registration No.: <i>(if known)</i>
Purpose for which record is required:		Date of Marriage or Period Covered by Search: <i>Married on or Search from:</i> <i>(mm / dd / yyyy)</i>	
In what capacity are you acting?:	What is your relationship to person whose record is required? <i>(If self, state "SELF".)</i>	Search to: <i>(if searching period)</i> <i>(mm / dd / yyyy)</i>	
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	Regular Handling \$10.00 per copy 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>
Address of Applicant:		
<i>(Applicant's Name)</i>		
<i>(Street)</i>		
<i>(City)</i> <i>(State)</i> <i>(Zip)</i>		<i>(Name)</i>
Telephone No.: ()		<i>(Street)</i>
		<i>(City)</i> <i>(State)</i> <i>(Zip)</i>