NEW YORK STATE DEPARTMENT OF HEALTH   Mail-in Application for Copy of Marriage Certificate
Vital Records Section

Required ID must be included with application. Make check or money order payable	Concord Town Clerk

Concord Town Clerk
PO Box 368
86 Franklin Street
Springville, NY 14141

Cost $10.00 each Certificate

Bride/Groom/Spouse

Name (as recorded on marriage license):			Date of Birth: (or age at time of marriage)
First	Middle	Last	Birth Name (if different)
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):			Date of Birth: (or age at time of marriage)
First	Middle	Last	Birth Name (if different)
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.: (if known)	Local Registration No.: (if known)
Town or City County	Town or City County		

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	
▶		Certified Copy: $10.00 x _____ Copies = $ _____

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.)

Address of Applicant:

_____
(Applicant's Name)

_____
(Name)

_____
(Street)

_____
(Street)

_____
(City)   (State)   (Zip)

_____
(City)   (State)   (Zip)

Telephone No.: (   )