

APPLICATION FOR MARRIAGE RECORD (PLEASE PRINT OR TYPE)

TOWN OF LYSANDER
8220 Loop Road
Baldwinsville, NY 13027

FEE: \$10.00 per copy
Make check payable to:
LYSANDER TOWN CLERK

Office Use Only:
Lic.# _____ Year _____
of copies _____
Amt. Paid _____
Date Rec'd _____
ID _____

DATE OF MARRIAGE: _____

GROOM'S NAME: _____

BRIDE'S CURRENT NAME: _____

GROOM'S ADDRESS PRIOR TO THIS MARRIAGE: _____

BRIDE'S NAME PRIOR TO THIS MARRIAGE: _____

AGE AT TIME OF THIS MARRIAGE: _____

BRIDE'S ADDRESS PRIOR TO THIS MARRIAGE: _____

BIRTHPLACE: _____

AGE AT TIME OF THIS MARRIAGE: _____

FATHER'S NAME: _____

BIRTHPLACE: _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

PURPOSE FOR WHICH RECORD IS REQUESTED: _____

What is your RELATIONSHIP to persons whose record is required? If self, state "SELF"

I hereby SWEAR under penalty of perjury that the request for this record is NOT for commercial or fund raising purposes:

Signed: _____ Phone #: _____

Address: _____ Email: _____

IF MAILING THIS FORM YOU MUST HAVE YOUR SIGNATURE NOTARIZED
AND INCLUDE A COPY OF YOUR DRIVERS LICENSE

State of: _____

County of: _____

NOTARY SEAL

ss: On the ____ day of _____, in the year 20__ before me, the undersigned, a Notary Public in and for said state, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.