

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE APPLICATION.**

**ALL PERSONS REQUESTING A MARRIAGE RECORD MUST COMPLETE THE APPLICATION.**

**FEE/MANNER OF PAYMENT**

- Fee: \$10.00 per copy
- Cash, Money Order, or Cashier Check made payable to TOWN OF NEW HARTFORD.
- Personal checks are NOT accepted unless CERTIFIED.

In accordance with New York State rules and regulations, ALL applicants must provide the original (or photocopy if applying by mail) of ONE (1) of the following documents as proof of identity:

**TYPES OF IDENTIFICATION REQUIRED**

- Current photo Driver's License (showing physical address; no PO Boxes)
- Current photo Non-Driver's License (showing physical address; no PO Boxes)
- Current Military Identification Card
- Current Passport
- Naturalization Papers (NOTE: do not photocopy; it is a Federal crime to photocopy this document; the original must be presented)
- Current Employer's photo identification card (must contain employee's name, date of birth, signature, and evidence that the card is current)
- Two (2) current and different utility bills issued and showing applicant's name and address.
- Photo NYS Medicaid Benefit card AND a letter to the Medicaid recipient from a Federal, State, or Local government agency, mailed within six months of applying for birth record.
- **NO OTHER DOCUMENTS WILL BE ACCEPTED AS IDENTITY**

If mailing your application, please provide a *No. 10 Self-Addressed, Stamped Return Envelope* in order for us to process your request. Please provide your mailing information below:

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

*(no PO Boxes, business addresses, or c/o addresses)*

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

**WE CANNOT MAKE OR RETURN LONG-DISTANCE TELEPHONE CALLS.**



**TOWN of NEW HARTFORD**  
**Town Clerk**  
8635 Clinton Street  
New Hartford, NY 13413  
315-733-7500 EXT. 2322

## APPLICATION FOR SEARCH OF MARRIAGE RECORDS

### OFFICE USE ONLY:

DOH-4122: \_\_\_\_\_

By Whom: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt: \_\_\_\_\_

**NOTE: A No Record Certification will be issued if, upon our search, the desired record cannot be located.**

**Fee is \$10.00**

**Cash, Money Order or Cashier Check made payable to TOWN OF NEW HARTFORD. Personal checks are NOT accepted unless CERTIFIED.**

FIRST	MIDDLE	LAST
<b>NAME OF GROOM</b>		
DATE OF BIRTH or AGE	RESIDENCE (COUNTY)	RESIDENCE (STATE)

FIRST	MIDDLE	LAST (MAIDEN) NAME
<b>MAIDEN NAME OF BRIDE</b>		
DATE OF BIRTH or AGE	RESIDENCE (County)	RESIDENCE (State)

IF BRIDE WAS PREVIOUSLY MARRIED,  
STATE NAME USED AT THAT TIME:

DATE OF MARRIAGE, OR PERIOD COVERED BY SEARCH:	PLACE WHERE LICENSE WAS ISSUED:
PLACE WHERE MARRIAGE WAS PERFORMED:	FOR WHAT PURPOSED IS RECORD REQUIRED:

What is your relationship to person whose record is required? If self, state "self."

**NOTE: Your Driver's License must be provided in order to have your request processed.**

**Signature of Applicant:** \_\_\_\_\_  
(Bride or Groom only)

**Address of Applicant (no PO Boxes, business addresses, or c/o addresses):**

\_\_\_\_\_  
\_\_\_\_\_

**Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Date:**

**Email address:** \_\_\_\_\_  
(optional)

Rev 6/22

### ATTORNEY RELEASE AFFIDAVIT

I, the above Applicant, have retained \_\_\_\_\_ as my lawyer, and do hereby authorize the New Hartford Town Clerk's Office to release a copy of my marriage record, referred to hereinabove, to said attorney.

Sworn to Before Me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(applicant's signature)

(Notary Public) \_\_\_\_\_ (applicant's signature) \_\_\_\_\_

**MAIL TO:** Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_