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LYSANDER TOWN CLERK

TOWN OF LYSANDER
8220 Loop Road
Baldwinsville, NY 13027

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APPLICATION FOR MARRIAGE RECORD (PLEASE PRINT OR TYPE)

DATE OF MARRIAGE: _____

GROOM'S NAME:

BRIDE'S NAME AT TIME OF APPLICATION:

GROOM'S ADDRESS PRIOR TO MARRIAGE:

BRIDE'S NAME PRIOR TO MARRIAGE:

OCCUPATION PRIOR TO MARRIAGE:

BRIDE'S ADDRESS PRIOR TO MARRIAGE:

AGE AT TIME OF MARRIAGE:

OCCUPATION PRIOR TO MARRIAGE:

BIRTHPLACE:

AGE AT TIME OF 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: _____

State of : _____

ss:

County of: _____

NOTARY SEAL

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.