

Application for Copy of Marriage Certificate

Please e-mail cityclerk@ryeny.gov or call 914-967-7371 to verify that your license was issued by The City of Rye, prior to filling out this form

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:		
<i>First</i>	<i>Middle</i>	<i>Last</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:		
<i>First</i>	<i>Middle</i>	<i>Last</i>
Marriage Information		
Place Where Marriage License Was Issued:	Place Where Marriage Was Performed:	Local Registration No.: <i>(if known)</i>
<i>Town or City</i>	<i>County</i>	
		<i>Town or City</i>
		<i>County</i>
Purpose for which record is required:		Date of Marriage or Period Covered by Search:
		<i>Married on or</i>
		<i>Search from:</i>

		<i>(mm / dd / yyyy)</i>
In what capacity are you acting? (If self, state "SELF".)	What is your relationship to person whose record is required? (If self, state "SELF".)	<i>Search to:</i>

		<i>(if searching period) (mm / dd / yyyy)</i>
If attorney, give name and relationship of your client to person whose record is required:		
Please provide photo identification along with this form. If you are not the bride, groom or spouse on the record, you must submit documentation of a judicial or other proper purpose, in addition to your photo identification.		
Please indicate how many transcripts you are requesting (\$10 per certified transcript) _____		
Signature of Applicant _____		
Applicant Information:		Please complete if mailing to a different address:
Name _____		Name _____
Address _____		Address _____
City, St, Zip _____		Address _____
Phone _____		City, St, Zip _____
E-mail _____		