

**TOWN OF FRANKFORT**  
**APPLICATION FOR COPY OF MARRIAGE RECORD**

Registrar of Vital Statistics  
Town of Frankfort  
201 Third Ave.  
Frankfort, NY 13340

Fee: \$10 per copy  
Make checks payable to  
Town of Frankfort  
Please do not send cash

**PLEASE COMPLETE FORM (PRINT OR TYPE) & ENCLOSE FEE**

Name      First      Middle      Last of Groom	Name      First      Middle      Last of Bride
Groom's Date of Birth	Bride's Date of Birth
Residence	Residence
Date of Marriage or Period Covered by Search	If Bride Previously Married, State Name Used at That Time
Place Where License Was Issued	Place Where Marriage Was Performed

Purpose for Which Record is Required \_\_\_\_\_

Number of Copies Requested \_\_\_\_\_ at \$10 each.

What was your relationship to person whose record is requested? If self, state so. \_\_\_\_\_

In what capacity are you acting? \_\_\_\_\_

If attorney, name and relationship of your client to persons whose marriage record is required. \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Address of Applicant \_\_\_\_\_

**PLEASE PRINT NAME & ADDRESS WHERE RECORD SHOULD BE SENT**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**YOU MUST SUBMIT COPY OF DRIVER'S LICENSE OR OTHER  
FORM OF IDENTIFICATION WITH REQUEST**