

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 of Groom	First	Middle	Last	Name of Bride	First	Middle	Last
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**