

**TOWN OF WILSON**  
**REGISTRAR OF VITAL STATISTICS**  
**P.O. BOX 537**  
**WILSON, NY 14172**

**APPLICATION FOR A COPY OF A MARRIAGE RECORD**

**PLEASE COMPLETE FORM (PRINT OR TYPE) AND ENCLOSE FEE OF \$10.00 PER COPY ALONG WITH PHOTO ID**

**MAKE CHECKS PAYABLE TO: TOWN OF WILSON**  
**DO NOT SEND CASH OR STAMPS**

NAME OF GROOM	MAIDEN NAME OF BRIDE
GROOM'S DATE OF BIRTH	BRIDE'S DATE OF BIRTH
DATE OF MARRIAGE OR PERIOD COVERED BY SEARCH	PLACE WHERE LICENSE WAS ISSUED
PURPOSE OF REQUEST	RELATIONSHIP TO BRIDE OR GROOM (IF SELF, STATE SELF)
IN WHAT CAPACITY ARE YOU ACTING	IF ATTORNEY, STATE THE NAME AND RELATIONSHIP OF YOUR CLIENT TO BRIDE OR GROOM

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS OF APPLICANT

**SIGNATURE MUST BE NOTARIZED**

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

**SEAL:**

**APPLICATION MUST BE SUBMITTED WITH COPY OF PHOTO ID**

PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT	
NAME _____	
ADDRESS _____	
CITY _____	STATE _____ ZIP _____