

*Colony of the Arts*

TOWN OF WOODSTOCK . 45 COMEAU DRIVE, WOODSTOCK NY 12498

**APPLICATION FOR A COPY OF A MARRIAGE RECORD**  
**PLEASE COMPLETE FORM AND ENCLOSE FEE**  
**Please print or type.**

**FEE: \$10.00 PER COPY**

**Make checks payable to: TOWN OF WOODSTOCK**

**Do not send cash or stamps.**

<b>Name of Groom</b>	<b>(First)</b>	<b>(Middle)</b>	<b>(Last)</b>	<b>Maiden Name of Bride</b>	<b>(First)</b>	<b>(Middle)</b>	<b>(Last)</b>
<b>Groom's Date of Birth</b>				<b>Bride's Date of Birth</b>			
<b>Residence of Groom:</b>				<b>Residence of Bride</b>			
<b>Date of Marriage or Period Covered by search</b>				<b>If Bride Previously Married State Name Used at that time</b>			
<b>Place where License was Issued</b>				<b>Place where Marriage was Performed</b>			
<b>For what purpose is information required?</b>				<b>What is your relationship of person whose record is requested? If self, state "SELF".</b>			
<b>In what capacity are you acting?</b>				<b>If attorney: Name and relationship of your client to persons whose marriage record is required.</b>			

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

Address of Applicant \_\_\_\_\_ Phone #: \_\_\_\_\_

**SIGNATURE MUST BE NOTARIZED**

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
 Notary Public  
 SEAL:

Please print name and address where record should be sent:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_