Town of Harrietstown Town Clerk 39 Main Street Saranac Lake, NY 12983

518-891-1470 voice 518-891-6265 fax

Name of Groom



Office Hours Monday – Friday 8:00am - 4:00pm

Patricia Gillmett, Town Clerk Colleen Harvey, Deputy Clerk

APPLICATION FOR A MARRIAGE RECORD

(PLEASE PRINT ALL ITEMS CLEARLY)

MAIDEN NAME OF BRIDE

GROOM'S DATE OF BIRTH:			BRIDE'S DATE OF BIRTH		
PARENTS OF GROOM			PARENTS OF BRIDE		
MOTHER (MAIDEN) FATHER		IER	MOTHER(MAIDEN) FATHER		
DATE OF MARRIAGE			PLACE OF MARRIAGE		
	v	HO IS REQUES	TING THIS RECORD		
SIGNATURE			PRINT NAME		
SIGNATURE			I KINI INAWIL		
STREET ADDRESS					
CITY STATE			ZIP		
DAYTIME TELEPHONE	E NUMBER				
YOUR RELATIONSHIP TO PERSON WHOSE RECORD IS REQUESTED? (IF SELF, STATE "SELF")					
TOOKTKEENTONOTIII	TO TENOON WHOOL RESO	ND 10 NE 202012D1 (II	occi your occi y		
EOD WHAT DUDDOSE	IS THIS INFORMATION REQ	IIIDED?			
TOR WHAT PURPOSE	IS THIS INFORMATION REQ	UIKED!			
No. of Copies	DATE OF REQUEST		ф10 00 Гол for one b Co	-4.E 1 C	
NO. OF COPIES	DATE OF REQUEST	Dloggo	\$10.00 Fee for each Certified Copy Please make checks payable to The Town of Harrietstown		
		NOTE: Please attach a stamped self-addressed envelope			
		IDENTIFICAT	ION REQUIRED		
	*Please	e make legible d	copies if applying by ma	ail	
For Yourself or Your Child under 18 years of age			Someone other than Self/Child		
Valid photo-ID			 Valid photo-ID, AND 		
			Proof of relation to Applicant, AND Netarized letter authorizing the release of his or her		
			 Notarized letter authorizing the release of his or her Certificate to you 		
			2 21		
IF ATTORNEY, PLEASE PROVIDE LETTER STATING NAME AND RELATIONSHIP OF YOUR CLIENT					
TO DEDCOM WHOSE DECORD IS DECLUDED					

TO PERSON WHOSE RECORD IS REQUIRED.