

Town of Groton - Application for Copy of Marriage Certificate

Name of Bride, Groom, Spouse (as recorded on marriage license)				First	Middle	Last
Date of Birth		Residence at time of marriage				
Name of Bride, Groom, Spouse (as recorded on marriage license)				First	Middle	Last
Date of Birth		Residence at time of marriage				
Date of marriage (or approximate date)				Month	Day	Year
Place Marriage was Performed						
What is your relationship to spouse(s) (if you are the groom or bride, state "SELF")			Purpose for which record is required			
Signature of Applicant			Date	Applicant's Telephone No.		
Name & Address of Applicant (Please Print): Name: Street: City: State & Zip:			Delivery Address, if different (Please Print): Name: Street: City: State & Zip:			

When applying by mail, or if delivery is to a PO Box or third party, the applicant must:

1. Sign the following statement and have it notarized, and
2. Provide copies of a valid photo ID - Example: driver license, non-driver ID, passport or other government issued photo ID
If you don't have a photo ID please provide 2 documents showing your name & address - Example: utility or telephone bill, voter registration, pay stub, or letter from a government agency dated within last 6 months.

State of)
) ss.
County of)

I, _____ do hereby swear that I am the above applicant, that all of the information I have provided is correct, that the proof of identity provided is valid, that I am lawfully entitled to a copy of the requested marriage record, and that I have requested that the record be mailed or delivered as indicated.

Signature of Applicant _____ Date _____

Sworn to and affirmed before me this _____ day of _____ 20____ Please affix Notary stamp or seal:

Signature of Notary Public

Applicants who are not one of the spouses must submit judicial documentation or other proper purpose.

Fee: \$10.00 - Make Check or Money Order payable to Groton Town Clerk or

Credit or Debit Card: (check one) [] Visa [] Mastercard Expiration Date: _____ / _____ / 20 _____

Card # _____ From back of card: 3-digit CSV # _____

Card Holder Name: _____ Phone # _____

Address Associated with Card: _____ State: _____ Zip Code: _____

*** Card Holder Name, address & phone must match that associated with card.** (Extra processing fee added to credit or debit payments)

Return completed application, proof of identification, and fee to:

Robin Cargian, Town Clerk, PO Box 36, 101 Conger Blvd., Groton, NY 13073

If you have any questions, or require express mailing, please call 607-898-5035, Monday - Friday, 8am -4pm EST