

Required ID must be included with application. Make check or money order payable to New York State Department of Health.

For Expedited order placement and processing:
Please visit www.VitalChek.com
or call VitalChek Network, Inc. at 877-854-4481

Mail Order Certified Copy Fee: Enclose \$10 per copy or No Record Certification. Send to:

Town of Newburgh Town Clerk
1496 Route 300
Newburgh, NY 12550

Bride/Groom/Spouse

Name (as recorded on marriage license):			Date of Birth: <i>(or age at time of marriage)</i>	
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Birth Name (if different)</i>	
If Previously Married, State Name Used at that Time:			Residence (at time of marriage):	
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>County</i>	<i>State</i>

Bride/Groom/Spouse

Name (as recorded on marriage license):			Date of Birth: <i>(or age at time of marriage)</i>	
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Birth Name (if different)</i>	
If Previously Married, State Name Used at that Time:			Residence (at time of marriage):	
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>County</i>	<i>State</i>

Marriage Information

Place Where Marriage License Was Issued: <i>Town or City</i> <i>County</i>	Place Where Marriage Was Performed: <i>Town or City</i> <i>County</i>	Marriage Certificate No.: <i>(if known)</i>	Local Registration No.: <i>(if known)</i>
Purpose for which record is required:			Date of Marriage or Period Covered by Search: <i>Married on or Search from:</i> _____ <i>(mm / dd / yyyy)</i>
In what capacity are you acting?:	What is your relationship to person whose record is required? <i>(If self, state "SELF".)</i>	Search to: _____ <i>(if searching period) (mm / dd / yyyy)</i>	
If attorney, give name and relationship of your client to person whose record is required:			

If you are not the bride, groom or spouse on the record, you must submit documentation of a judicial or other proper purpose.

Signature of Applicant: ▶	Date Signed: Month Day Year ____	Certified Copy: \$10.00 * _____ Copies = \$ _____
	Address of Applicant: <i>(Applicant's Name)</i> _____ <i>(Street)</i> _____ <i>(City)</i> _____ <i>(State)</i> _____ <i>(Zip)</i> _____	
Telephone No.: () _____		Please print or type the name and address where record should be sent: <i>(If delivery is to a P.O. Box or third party, you must submit with this application a notarized statement signed by the applicant and a copy of the applicant's driver license.)</i> <i>(Name)</i> _____ <i>(Street)</i> _____ <i>(City)</i> _____ <i>(State)</i> _____ <i>(Zip)</i> _____