

Required ID must be included with application. Make check or money order payable to *Ripley Town Clerk*

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:

*Ripley Town Clerk
14 N. State St.
PO Box 2
Ripley, NY 14775*

Bride/Groom/Spouse

Name (as recorded on marriage license):

Date of Birth:
(or age at time of marriage)

First Middle Last

Birth Name (if different)

If Previously Married, State Name Used at that Time:

Residence (at time of marriage):

First Middle Last

County State

Bride/Groom/Spouse

Name (as recorded on marriage license):

Date of Birth:
(or age at time of marriage)

First Middle Last

Birth Name (if different)

If Previously Married, State Name Used at that Time:

Residence (at time of marriage):

First Middle Last

County State

Marriage Information

Place Where Marriage License Was Issued:

Place Where Marriage Was Performed:

Marriage Certificate No.:
(if known)

Local Registration No.:
(if known)

Town or City County

Town or City County

Purpose for which record is required:

Date of Marriage or Period Covered by Search:

In what capacity are you acting?:

What is your relationship to person whose record is required?
(If self, state "SELF".)

Married on or Search from:
(mm / dd / yyyy)

Search to:
(if searching period) (mm / dd / yyyy)

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 x _____ Copies = \$ _____

Address of Applicant:

(Applicant's Name)

(Street)

(City) (State) (Zip)

Telephone No.: ()