Information Page — Mail-in Application for Copy of Marriage Certificate

General Instructions

- **Do not** use this application to submit your request *by fax*.
- Use this application if you are the bride or groom named on the marriage certificate.
- If you are **not** the bride or groom named on the marriage certificate, then you must submit with this application a copy of documentation establishing a judicial or other proper purpose (see below).
- Use this application only if the marriage license was obtained in New York State *outside* of New York City. **Do not** use this application if the marriage license was obtained in any of the five (5) boroughs of New York City.
- **Do not** use this application for *genealogy requests*.
- If delivery is to a P.O. Box or to a third party you must submit, with this application, a **notarized** statement signed by the bride or groom **and** a copy of the bride or groom's driver's license.
- Print a copy of this application, complete and sign.
- **Mail** application with check or money order and a copy of any required documentation (see below).

For regular handling send by first class mail, registered mail, certified mail or U.S. Priority Mail to:

Certification Unit
Vital Records Section
New York State Department of Health
P.O. Box 2602
Albany, NY 12220-2602

For priority handling (add $15.00 per copy ordered), submission by overnight carrier is recommended. Send to:

Certification Unit
Vital Records Section / 2nd Floor
New York State Department of Health
800 North Pearl Street
Menands, NY 12204

What is a judicial or other proper purpose?

- If the applicant is not the bride or groom, a judicial or other proper purpose must be documented. An example of a judicial or other proper purpose would be a marriage record needed by the applicant to claim a benefit.
- Documentation would consist of a copy of a court order or an official letter verifying that a copy of the requested marriage record is required from the applicant in order to process a claim.

Identification Requirements -- Application *must* be submitted with copies of either A *or* B:

Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.

A. One (1) of the following forms of valid photo-ID:
   - Driver license
   - Non-Driver Photo-ID Card
   - Passport
   - Other government issued photo-ID

B. Two (2) of the following showing the applicant's name and address:
   - Utility or telephone bills
   - Letter from a government agency dated within the last six months

Fees: If no record is on file, a **No Record Certification** is issued and the fee is **not** refunded.

- **For regular handling:** The fee is $30.00 per copy. — Total for one (1) copy is $30.00. Total for two (2) copies is $60.00, etc.
- **For priority handling:** The fee is $30.00 + $15.00 per copy — Total for one (1) copy is $45.00. Total for two (2) copies is $90.00, etc. Submitting the application by overnight carrier is recommended. Completed requests will be returned by first class mail unless a **pre-paid** return mailer for overnight delivery is provided with the request.
- Send check or money order payable to the New York State Department of Health. Do not send cash.

Note: Payment submitted from foreign countries must be made by a check drawn on a United States bank or by international money order. **Do not send cash.**

Processing Time

- For the latest information on processing times, please visit our web page at *www.nyhealth.gov/vital_records/processingtime.htm*
- For faster processing, you may wish to use your credit card and submit your request by e-mail, fax, or telephone.

Completing the Form

- If you are using Adobe Reader® 5.0 or newer (available as a free download from *www.adobe.com*) you can fill in the form directly in Adobe Reader by clicking on the appropriate space and entering the information (use the TAB key to move to the next field, shift-TAB to move backwards). Print the completed form, sign and mail to the above address.
- You can print out a blank copy of the form and then **type or print** the required information.
- Be sure to sign the form before mailing and include a check or money order made payable to the New York State Department of Health along with any required documentation.

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Mail-in Application for Copy of Marriage Certificate

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

For regular handling: Enclose $30 per copy or No Record Certification.
Send to:
New York State Department of Health
Vital Records Section / Certification Unit
P.O. Box 2602
Albany, NY 12220-2602

For priority handling: Enclose $45 per copy or No Record Certification.
Submission by overnight carrier is recommended. Send to:
New York State Department of Health
Vital Records Section / Certification Unit
800 North Pearl Street - 2nd Floor
Menands, NY 12204

Name of Groom (as recorded on marriage license):
First *Middle* *Last*

Groom's Date of Birth:
(or age at time of marriage)
(mm / dd / yyyy)

Name of Bride (as recorded on marriage license):
First *Middle* *Maiden Last*

Bride's Date of Birth:
(or age at time of marriage)
(mm / dd / yyyy)

If Bride Was Previously Married, State Name Used at that Time:
First *Middle* *Last*

Marriage Certificate No.:
(if known)

Residence of Groom:
County *State*

Place Where License Was Issued:
Town or City *County*

Local Registration No.:
(if known)

Residence of Bride:
County *State*

Place Where Marriage Was Performed:
Town or City *County*

Date of Marriage or Period Covered by Search:
Married on or Search from: _____ *(mm / dd / yyyy)*
Search to: _____ *(if searching period)* *(mm / dd / yyyy)*

Purpose for which record is required:

In what capacity are you acting?:

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

If attorney, give name and relationship of your client to person whose record is required:

Submit documentation of a judicial or other proper purpose, if you are not the bride or groom.

Signature of Applicant: ▶

Date Signed:

Month	Day	Year

Regular Handling ☐ $30.00 x
(Check Only One) OR
Priority Handling ☐ $45.00 x _____ Copies = $ _____

Address of Applicant:
(Applicant's Name)
(Street)
(City) *(State)* *(Zip)*
Telephone No.: ( )

Please print or type the name and address where record should be sent: *(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 drivers license.)*
(Name)
(Street)
(City) *(State)* *(Zip)*