



**TOWN OF  
VAN BUREN**  
**OFFICE OF THE TOWN CLERK**  
7575 Van Buren Road  
Baldwinsville, NY 13027-6706  
Phone: (315) 635-3010  
Fax: (315) 635-8247  
[www.townofvanburen.com](http://www.townofvanburen.com)

**REQUEST FOR A MARRIAGE RECORD**  
*PLEASE PRINT*

**Bride/Groom/Spouse 1**

NAME (Pre-Marriage):

(Maiden Name, if applicable):

Date of Birth:

Place of Birth:

Date of Marriage:

Mailing Address:

Phone #:

REASON FOR REQUEST:

CURRENT NAME OF PERSON REQUESTING DOCUMENT:

I understand that by signing this request, I am certifying all statements made herein are accurate and true to the best of my knowledge:

\_\_\_\_\_  
Signature

Subscribed and sworn to me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

Stamp or Seal:

**Cost of the Record is \$10.00, Please make check payable to: Town of Van Buren (mail to above address)**