



Town Of
Van Buren
OFFICE OF THE TOWN CLERK
7575 Van Buren Road
Baldwinsville, NY 13027-6706
Phone: (315) 635-3010
<https://VanBurenNY.gov>

REQUEST FOR A MARRIAGE RECORD

PLEASE PRINT

Bride/Groom/Spouse 1

NAME (Pre-Marriage):

Bride/Groom/Spouse 2

NAME (Pre-Marriage):

Maiden Name, if applicable:

Maiden Name, if applicable:

Date of Birth:

Date of Birth:

Place of Birth:

Place of Birth:

Date of Marriage:

Mailing Address:

Phone:

REASON FOR REQUEST:

CURRENT NAME OF PERSON REQUESTING DOCUMENT:

MAILING ADDRESS:

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

MUST PROVIDE COPY OF YOUR PHOTO ID

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