TOWN OF ULYSSES
10 Elm St., Trumansburg NY 14886 (607)387-5767

APPLICATION FOR COPY OF MARRIAGE CERTIFICATE

PLEASE NOTE: Marriage records less than fifty (50) years old will only be released to:

1. a party to the marriage; OR
2. a third party submitting a court order or other official letter establishing a judicial or other proper purpose; OR
3. a third party submitting a copy of identification from either spouse and a signed, notarized statement from either spouse (see below); OR
4. attorneys, in cases where such records are required, submitting an official letter indicating the party(ies) that they represent, the nature of any pending action, and an affirmative statement that such records are required.

Name of Spouse 1 (as recorded on marriage license)	First	Middle	Last
Date of Birth	Residence at time of marriage, (if known)		
Name of Spouse 2 (as recorded on marriage license)	First	Middle	Last
Date of Birth	Residence at time of marriage, (if known)		
Date of marriage (or approximate date) Month Day Year		Place Marriage was Performed	
Your relationship to spouse(s): (if you are the groom or bride, state "SELF")			
Signature of Applicant		Date	Phone #

NOTARIZATION: When applying by mail, if delivery is to a PO Box or if this is being submitted by a third party:

1. Sign the statement below and have it notarized, AND
2. Provide copies of a valid photo ID - Example: driver license, non-driver ID, passport or other government issued photo ID
   If you don't have a photo ID please provide 2 documents showing name & address - Example: utility or telephone bill, voter registration, pay stub, or letter from a government agency dated within last 6 months.

State of)
) ss.
County of)

I, _____ do hereby swear that I am the above applicant, that all of the information provided is correct, that the proof of identity provided is valid, that I am lawfully entitled to a copy of the requested marriage record, and that I have requested that the record be mailed or delivered as indicated.

Signature of Applicant_____Date_____

Sworn to and affirmed before me this

_____day of_____20_____

Please affix Notary stamp or seal:

_____
Signature of Notary Public

Name & Address of Applicant (Please Print):	Delivery Address, if different (Please Print):
Name:	Name:
Street:	Street:
City, State & Zip:	City, State & Zip:

Fee: $10.00 (cash, check, money order or credit card)

Check or money order: Make payable to "Town of Ulysses"

Credit or Debit Card *(Additional fee of 3.5% added)*: Expiration date:_____/_____/_____

Card#_____

3-digit CSV# from back of card_____

Card Holder Name: _____ Phone #_____

Return completed application, proof of identification, and fee to:

ULYSSES TOWN CLERK
10 Elm St., Trumansburg, NY 14886

If you have questions, please e-mail clerk@ulysses.ny.us or call 607-387-5767, Monday - Friday, 8am-4pm