FEE: \$10.00 per copy
Make check payable to:
LYSANDER TOWN CLERK

TOWN OF LYSANDER 8220 Loop Road Baldwinsville, NY 13027

Office Use O	nly:	
	Year_	
of copies_		
Amt. Paid		
Date Rec'd_		
D		

APPLICATION FOR MARRIAGE RECORD (PLEASE PRINT OR TYPE)

	DATE OF MARRIAGE:	
GROOM'S NAME:	BRIDE'S NAME AT TIME OF APPLICATION:	
GROOM'S ADDRESS PRIOR TO MA	BRIDE'S NAME PRIOR TO MARRIAGE:	
OCCUPATION PRIOR TO MARRIAG	BRIDE'S ADDRESS PRIOR TO MARRIAGE:	
AGE AT TIME OF MARRIAGE:	OCCUPATION PRIOR TO MARRIAGE:	
BIRTHPLACE:	AGE AT TIME OF MARRIAGE:	
FATHER'S NAME:	BIRTHPLACE:	
MOTHER'S NAME:	FATHER'S NAME:	
	MOTHER'S NAME:	
What is your RELATIONSHIP to per	sons whose record is required? If self, state "SELF" of perjury that the request for this record is NOT for commercial or fund raising	
Signed:	Phone #:	
Address:	Email:	
	RIVERS LICENSE IF MAILING IN THIS FORM ********************************** On the day of , in the year 20 before me , the ss: undersigned, a Notary Public in and for said state, personally appeared	
County of:		
	he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.	
Cert.Copy/ML 7-2018	Signature of Notary:	