

OFFICE OF THE CITY CLERK

City Hall, 1 Kennedy Plaza
Utica, New York 13502
Tel.: (315) 792-0113
Fax: (315) 792-0220



Melissa Sciortino

City Clerk

David Butler

Deputy City Clerk

**INSTRUCTIONS ON HOW TO APPLY
FOR A MARRIAGE LICENSE**

**DUE TO COVID-19 CITY HALL IS NOT OPEN TO THE PUBLIC
AND WE ARE ONLY ACCEPTING APPLICATIONS
FROM PEOPLE WHO LIVE IN THE FOLLOWING COUNTIES:
ONEIDA, HERKIMER, LEWIS, AND MADISON**

1. Schedule an appointment with our office by contacting:

Thalia Hunter	(315) 792-0114	thunter@cityofutica.com
Bianca Morales	(315) 792-0115	bmorales@cityofutica.com
Maureen Moylan	(315) 792-0184	mmoylan@cityofutica.com

2. Send us (via email) copies of all the following documents/identification for BOTH parties:

- A. Birth Certificate or Baptismal Record **AND**
- B. Driver’s License, Passport, or Citizenship Record **AND**
- C. Documentation of how last marriage(s) ended
(Divorce, Annulment, or Death Certificate)

If any of these records are not in English they MUST be translated into English by a certified translator.

If you don’t have access to email, we will work with you via mail or the physical drop box located in the front of City Hall.

3. Complete the WORKSHEET FOR MARRIAGE LICENSE (attached below) and send it to us via mail or email (by taking a picture of the completed worksheet or scanning a copy).

4. Arrive promptly for your scheduled appointment (to be held outside the building). BOTH parties must be present and BOTH must have on hand the following identification:

- A. Driver’s License **OR**
- B. Passport **OR**
- C. Medicaid card **WITH PHOTO** (We cannot accept it if there’s no photo)

5. There is a \$40.00 fee (CASH ONLY) for the marriage license. Please show up to your appointment with the exact payment of \$40.00 (CASH ONLY). We cannot process the application for your marriage license until we receive exact payment in full!

*** Once a marriage license has been issued, there is a 24 hour waiting period before it can be used. After that 24 hour period, regular marriage licenses are valid for 60 days. If either party is active duty, this period extends to 180 days.**

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WORKSHEET FOR MARRIAGE LICENSE

(Must be completed for BOTH spouses)

BRIDE / GROOM / SPOUSE

(Circle One)

1. A. FULL NAME _____
FIRST MIDDLE CURRENT SURNAME

B. BIRTH NAME, IF DIFFERENT _____

C. SURNAME AFTER MARRIAGE (OPTIONAL) _____

D. SOCIAL SECURITY NUMBER _____

2. RESIDENCE A. _____ B. _____
(STATE) (COUNTY)

C. CHECK ONE CITY TOWN VILLAGE
AND SPECIFY _____

D. STREET ADDRESS _____ ZIP _____

E. IS RESIDENCE WITHIN LIMITS OF CITY OR VILLAGE? YES NO

3. A. AGE _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____
MM/DD/YYYY

4. EMPLOYMENT A. OCCUPATION _____

B. TYPE OF INDUSTRY OR BUSINESS _____

5. PLACE OF BIRTH _____
(CITY, STATE / COUNTRY, IF NOT USA)

6. FATHER OR PARENT A. NAME (OR MAIDEN NAME) _____

B. COUNTRY OF BIRTH _____

7. MOTHER OR PARENT A. NAME (OR MAIDEN NAME) _____

B. COUNTRY OF BIRTH _____

8. NUMBER OF THIS MARRIAGE _____

9. PREVIOUS MARRIAGES A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY

DIVORCE _____ CIVIL ANNULMENT _____ DEATH _____

B. HOW DID LAST MARRIAGE END?

DIVORCE CIVIL ANNULMENT DEATH

C. DATE LAST MARRIAGE ENDED? _____
MM/DD/YYYY

D. ARE ANY FORMER SPOUSE(S) ALIVE? YES NO

10. IF PREVIOUSLY DIVORCED OR ANNULED, PROVIDE THE FOLLOWING INFO:

	DATE OF DECREE MM/DD/YYYY	PLACE ISSUED (CITY/COUNTY, STATE/COUNTRY)	AGAINST WHOM	
			SELF	SPOUSE
1st	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2nd	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3rd	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4th	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

TELEPHONE # _____

BRIDE / GROOM / SPOUSE

(Circle One)

11. A. FULL NAME _____
FIRST MIDDLE CURRENT SURNAME

B. BIRTH NAME, IF DIFFERENT _____

C. SURNAME AFTER MARRIAGE (OPTIONAL) _____

D. SOCIAL SECURITY NUMBER _____

12. RESIDENCE A. _____ B. _____
(STATE) (COUNTY)

C. CHECK ONE CITY TOWN VILLAGE
AND SPECIFY _____

D. STREET ADDRESS _____ ZIP _____

E. IS RESIDENCE WITHIN LIMITS OF CITY OR VILLAGE? YES NO

13. A. AGE _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____
MM/DD/YYYY

14. EMPLOYMENT A. OCCUPATION _____

B. TYPE OF INDUSTRY OR BUSINESS _____

15. PLACE OF BIRTH _____
(CITY, STATE / COUNTRY, IF NOT USA)

16. FATHER OR PARENT A. NAME (OR MAIDEN NAME) _____

B. COUNTRY OF BIRTH _____

17. MOTHER OR PARENT A. NAME (OR MAIDEN NAME) _____

B. COUNTRY OF BIRTH _____

18. NUMBER OF THIS MARRIAGE _____

19. PREVIOUS MARRIAGES A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY

DIVORCE _____ CIVIL ANNULMENT _____ DEATH _____

B. HOW DID LAST MARRIAGE END?

DIVORCE CIVIL ANNULMENT DEATH

C. DATE LAST MARRIAGE ENDED? _____
MM/DD/YYYY

D. ARE ANY FORMER SPOUSE(S) ALIVE? YES NO

20. IF PREVIOUSLY DIVORCED OR ANNULED, PROVIDED THE FOLLOWING INFO:

	DATE OF DECREE MM/DD/YYYY	PLACE ISSUED (CITY/COUNTY, STATE/COUNTRY)	AGAINST WHOM	
			SELF	SPOUSE
1st	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2nd	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3rd	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4th	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

TELEPHONE # _____