

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

**INSTRUCTIONS ON HOW TO APPLY
FOR A CERTIFIED COPY OF A MARRIAGE RECORD**

1. **The applicant must provide us a copy of one of the following forms of identification:**
 - A. Driver's License **OR**
 - B. Passport **OR**
 - C. Medicaid card **WITH PHOTO** (We cannot accept it if there is no photo)

Along with the completed APPLICATION FOR A CERTIFIED COPY OF A MARRIAGE RECORD (attached below)

In person through our office, or via mail at the address listed above, or via email at:

Edita Rosic	erosic@cityofutica.com
Thalia Hunter	thunter@cityofutica.com
Maureen Moylan	mmoylan@cityofutica.com

2. **There is a **\$10.00 fee** for the marriage record search and first certified copy.**

**If obtaining the record in person, we accept cash, money order, or credit card.
If obtaining the record via mail, we accept money order or credit card by phone.**

If search yields no results, the \$10 fee is retained by the Clerk's Office and a No Record Certification will be issued to the applicant.

If more than one certified copy is requested, there is a \$10 fee for each additional copy.

If paying by money order:

Mail everything together (the money order, a copy of your valid form of identification, and the completed application) to the address listed above.

If paying by credit card:

Call us once we've received a copy of your valid form of identification and the completed application (both can be sent together either by mail or email)

Edita Rosic	(315) 792 – 0113
Thalia Hunter	(315) 792 – 0114
Maureen Moylan	(315) 792 – 0184

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**APPLICATION FOR CERTIFIED COPY
OF MARRIAGE RECORD**

1. NUMBER OF COPIES REQUESTED:
(\$10 FEE PER COPY)

2. BRIDE / GROOM / SPOUSE (Circle One)

A. NAME AT BIRTH:

FIRST MIDDLE LAST (MAIDEN)

B. IF PREVIOUSLY MARRIED, STATE NAME USED AT THAT TIME:

FIRST MIDDLE LAST

C. DATE OF BIRTH: _____
MM/DD/YYYY

3. BRIDE / GROOM / SPOUSE (Circle One)

A. NAME AT BIRTH:

FIRST MIDDLE LAST (MAIDEN)

B. IF PREVIOUSLY MARRIED, STATE NAME USED AT THAT TIME:

FIRST MIDDLE LAST

C. DATE OF BIRTH: _____
MM/DD/YYYY

4. MARRIAGE INFORMATION

A. PLACE WHERE MARRIAGE LICENSE WAS ISSUED:

TOWN OR CITY COUNTY

B. PLACE WHERE MARRIAGE WAS PERFORMED:

TOWN OR CITY COUNTY

C. DATE OF MARRIAGE (OR PERIOD COVERED BY SEARCH):

MM/DD/YYYY - _____
(MARRIED ON OR SEARCH FROM) (SEARCH TO)

5. PURPOSE FOR WHICH RECORD IS REQUIRED:

6. APPLICANT INFORMATION

A. FULL NAME:

FIRST MIDDLE LAST

B. PHONE NUMBER: _____

C. EMAIL ADDRESS: _____

D. PHYSICAL ADDRESS (WHERE RECORD IS TO BE SENT):

CITY, TOWN, OR VILLAGE STATE ZIP

7. RELATIONSHIP TO PERSON WHOSE RECORD IS REQUIRED

A. IF SELF, STATE "SELF": _____

B. IF ATTORNEY, GIVE NAME AND RELATIONSHIP OF YOUR CLIENT TO PERSON WHOSE RECORD IS REQUIRED:

8. APPLICANT'S SIGNATURE: _____

9. DATE OF APPLICATION COMPLETION: _____
MM/DD/YYYY

PLEASE NOTE THE FOLLOWING:

- If you are not named on the marriage certificate BUT have obtained power of attorney for one and/or both spouses, a signed certified copy of that documentation must be provided with this completed application.