

**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

**Andrew Castilla**

Deputy City Clerk

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

**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 one or more of the following:**

Edita Rosic	(315) 792-0113	<a href="mailto:erosic@cityofutica.com">erosic@cityofutica.com</a>
Pricilla Garcia	(315) 792-0115	<a href="mailto:pgarcia@cityofutica.com">pgarcia@cityofutica.com</a>
Tatiana Brooks	(315) 792-0184	<a href="mailto:tbrooks@cityofutica.com">tbrooks@cityofutica.com</a>

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

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

**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 AFFIDAVIT, LICENSE, and CERTIFICATE OF MARRIAGE WORKSHEET (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.**

**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

**Andrew Castilla**

Deputy City Clerk

**AFFIDAVIT, LICENSE, and CERTIFICATE  
OF MARRIAGE WORKSHEET**

(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. MIDDLE NAME AFTER MARRIAGE (OPTIONAL) \_\_\_\_\_

D. SURNAME AFTER MARRIAGE (OPTIONAL) \_\_\_\_\_

E. 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 (OCCUPATION) \_\_\_\_\_

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

6. FATHER OR PARENT  
A. NAME (ON CURRENT BIRTH CERTIFICATE) \_\_\_\_\_

B. COUNTRY OF BIRTH \_\_\_\_\_

7. MOTHER OR PARENT  
A. NAME (ON CURRENT BIRTH CERTIFICATE) \_\_\_\_\_

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

TELEPHONE # \_\_\_\_\_

Signature: \_\_\_\_\_

**BRIDE / GROOM / SPOUSE**

(Circle One)

11. A. FULL NAME \_\_\_\_\_  
FIRST MIDDLE CURRENT SURNAME

B. BIRTH NAME, IF DIFFERENT \_\_\_\_\_

C. MIDDLE NAME AFTER MARRIAGE (OPTIONAL) \_\_\_\_\_

D. SURNAME AFTER MARRIAGE (OPTIONAL) \_\_\_\_\_

E. 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 (OCCUPATION) \_\_\_\_\_

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

16. FATHER OR PARENT  
A. NAME (ON CURRENT BIRTH CERTIFICATE) \_\_\_\_\_

B. COUNTRY OF BIRTH \_\_\_\_\_

17. MOTHER OR PARENT  
A. NAME (ON CURRENT BIRTH CERTIFICATE) \_\_\_\_\_

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

TELEPHONE # \_\_\_\_\_

Signature: \_\_\_\_\_