**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 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
Pricilla Garcia	pgarcia@cityofutica.com
Tatiyana Brooks	tbrooks@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
Tatiyana Brooks	(315) 792 – 0184

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## APPLICATION FOR CERTIFIED COPY OF MARRIAGE RECORD

1. NUMBER OF COPIES REQUESTED: (\$10 FEE <u>PER</u> COPY)			5. PURPOSE FOR WHICH RECORD IS REQUIRED:
2. BRIDE / GROOM / SPO	USE (Circle One)		
A. NAME AT BIRTH:			6. APPLICANT INFORMATION
FIRST	MIDDLE	LAST (MAIDEN)	A. FULL NAME:
B. IF PREVIOUSLY MA	RRIED, STATE N	AME USED AT THAT TIME:	FIRST MIDDLE LAST
FIRST	MIDDLE	LAST	B. PHONE NUMBER:
C. DATE OF BIRTH:			C. EMAIL ADDRESS:
MM/DD/YYYY 3. BRIDE / GROOM / SPOUSE (Circle One)			D. PHYSICAL ADDRESS (WHERE RECORD IS TO BE SENT):
A. NAME AT BIRTH:	(,		 
FIRST B. IF PREVIOUSLY MA	MIDDLE ARRIED, STATE N	LAST (MAIDEN) AME USED AT THAT TIME:	CITY, TOWN, OR VILLAGE STATE ZIP 7. RELATIONSHIP TO PERSON WHOSE RECORD IS REQUIRED
FIRST	MIDDLE	LAST	A. IF SELF, STATE "SELF":
C. DATE OF BIRTH:			B. IF ATTORNEY, GIVE NAME AND RELATIONSHIP OF YOUR CLIENT TO PERSON WHOSE RECORD IS REQUIRED:
4. MARRIAGE INFORMA	TION		
A. PLACE WHERE MARRIAGE LICENSE WAS ISSUED:			8. APPLICANT'S SIGNATURE:
TOWN OR C	TTY	COUNTY	9. DATE OF APPLICATION COMPLETION:
B. PLACE WHERE MAI	RRIAGE WAS PEI	RFORMED:	
TOWN OR C	TTY	COUNTY	<u>PLEASE NOTE THE FOLLOWING</u> :
C. DATE OF MARRIAGE (OR PERIOD COVERED BY SEARCH):			• 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
MM/DD/YY (MARRIED ON OR S		MM/DD/YYYY (SEARCH TO)	must be provided with this completed application.