

Town of Keene

Po Box 245

Keene, NY 12942

townclerk@townofkeeneny.gov

518-576-4444

APPLICATION FOR A MARRIAGE RECORD

(PLEASE PRINT ALL ITEMS CLEARLY)

BRIDE/ GROOM/SPOUSE: NAME	BRIDE/ GROOM/SPOUSE: NAME (<i>MAIDEN NAME OF BRIDE</i>)
DATE OF BIRTH:	DATE OF BIRTH
PARENTS NAMES	PARENTS NAMES
MOTHER (MAIDEN) FATHER	MOTHER(MAIDEN) FATHER
DATE OF MARRIAGE	PLACE OF MARRIAGE

WHO IS REQUESTING THIS RECORD

SIGNATURE	PRINT NAME	
STREET ADDRESS		
CITY	STATE	ZIP
DAYTIME TELEPHONE NUMBER		
YOUR RELATIONSHIP TO PERSON WHOSE RECORD IS REQUESTED? (IF SELF, STATE "SELF")		
FOR WHAT PURPOSE IS THIS INFORMATION REQUIRED?		

NO. OF COPIES	DATE	\$10.00 Fee for <u>each</u> Certified Copy
NOTE: Please enclose a self-addressed stamped envelope		Checks made payable to: Town of Keene

IDENTIFICATION REQUIRED

<ul style="list-style-type: none"> • *Valid photo-ID 	<ul style="list-style-type: none"> • Valid photo-ID, AND • Proof of relation to Applicant, AND • Notarized letter authorizing the release of his or her Certificate to you
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ATTORNEY'S, PLEASE PROVIDE ON LETTERHEAD THE REASON AS TO WHY YOU REQUIRE THE ABOVE RECORD.