

Required ID must be included with application.

Enclose \$10 per copy and send to:

**Town of Bethel Town Clerk
P.O. Box 300
White Lake, NY 12786**

Bride/Groom/Spouse

Name (as recorded on marriage license):		Date of Birth: <i>(or age at time of marriage)</i>
<i>First</i>	<i>Middle</i>	<i>Birth Name (if different)</i>
<i>Last</i>		

If Previously Married, State Name Used at that Time:	Residence (at time of marriage):
<i>First</i>	<i>County</i>
<i>Middle</i>	<i>State</i>
<i>Last</i>	

Bride/Groom/Spouse

Name (as recorded on marriage license):		Date of Birth: <i>(or age at time of marriage)</i>
<i>First</i>	<i>Middle</i>	<i>Birth Name (if different)</i>
<i>Last</i>		

If Previously Married, State Name Used at that Time:	Residence (at time of marriage):
<i>First</i>	<i>County</i>
<i>Middle</i>	<i>State</i>
<i>Last</i>	

Marriage Information

Place Where Marriage License Was Issued:	Place Where Marriage Was Performed:	Marriage Certificate No.: <i>(if known)</i>	Local Registration No.: <i>(if known)</i>
<i>Town or City</i>	<i>Town or City</i>		
<i>County</i>	<i>County</i>		

Purpose for which record is required:	Date of Marriage or Period Covered by Search:
	<i>Married on or Search from:</i>
	<i>(mm / dd / yyyy)</i>

In what capacity are you acting?:	What is your relationship to person whose record is required? <i>(If self, state "SELF".)</i>	<i>Search to:</i>
		<i>(if searching period) (mm / dd / yyyy)</i>

If attorney, give name and relationship of your client to person whose record is required:

If you are not the bride, groom or spouse on the record, you must submit documentation of a judicial or other proper purpose.

Signature of Applicant:	Date Signed: Month Day Year			
 	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			

Address of Applicant:	Please print or type the name and address where record should be sent: <i>(If delivery is to a P.O. Box or third party, you must submit with this application a notarized statement signed by the applicant and a copy of the applicant's driver license.)</i>
<i>(Applicant's Name)</i>	<i>(Name)</i>
<i>(Street)</i>	<i>(Street)</i>
<i>(City) (State) (Zip)</i>	<i>(City) (State) (Zip)</i>
Telephone No.: ()	