



TOWN OF
VAN BUREN
OFFICE OF THE TOWN CLERK
7575 Van Buren Road
Baldwinsville, NY 13027-6706
(315) 635-3010
Fax: (315) 635-8247
www.b-ville.com

REQUEST FOR A MARRIAGE RECORD
PLEASE PRINT

APPLICANT'S NAME (Maiden Name, if applicable):

APPLICANT'S NAME (Maiden Name, if applicable):

DATE OF MARRIAGE:

REASON FOR REQUEST:

CURRENT NAME OF PERSON REQUESTING DOCUMENT:

I understand that by signing this request, I am certifying all statements made herein are accurate and true to the best of my knowledge:

Signature

Subscribed and sworn to me this
_____ day of _____, 20____

Notary Public

Stamp or Seal:

Cost of the Record is \$10.00, please make check payable to: Town of Van Buren and mail to above address

