



Mary Jo Hultquist

Eden Town Clerk
2795 East Church Street
Eden, New York 14057-1280

Phone: (716) 992-3406
Fax: (716) 992-8953

APPLICATION FOR RECORD OF MARRIAGE

Date of Marriage _____

Fee: \$10.00 per copy Number of copies _____

Please make check or money order payable to EDEN TOWN CLERK

PLEASE PRINT OR TYPE

GROOM'S NAME	BRIDE'S MAIDEN NAME
GROOM'S ADDRESS PRIOR TO MARRIAGE	BRIDE'S ADDRESS PRIOR TO MARRIAGE
OCCUPATION PRIOR TO MARRIAGE	OCCUPATION PRIOR TO MARRIAGE
AGE AT TIME OF MARRIAGE	AGE AT TIME OF MARRIAGE
BIRTHPLACE	BIRTHPLACE
PARENTS' NAMES Father: Mother:	PARENTS' NAMES Father: Mother:
PURPOSE FOR WHICH RECORD IS REQUIRED	

What is your relationship to persons whose record is required? If self, state "self" _____

If attorney: give name and relationship to person whose record is required: _____

SIGNATURE MUST BE NOTORIZED Signature of Applicant _____

Sworn and subscribed before me Address of Applicant _____

this _____ day of _____ Date _____

Notary Seal

Please print name and address where record should be sent:			
Name	_____		
Address	_____		
City	State	Zip	_____