



TOWN OF
Ogden
COUNTY OF MONROE
STATE OF NEW YORK

Application for Record of Marriage

Please print or type

Fee: \$10.00 per copy – make check or money order payable to the “Town of Ogden”

Date of Marriage: _____ **Number of Copies:** _____

Place of Marriage: _____

Groom's Information	Bride's Information
Name	Maiden Name
Address prior to marriage	Address prior to marriage
Occupation prior to marriage	Occupation prior to marriage
Date of Birth	Date of Birth
Birthplace	Birthplace
Parents' Names Father: Mother:	Parents' Names Father: Mother:

Purpose for which record is requested

What is your relationship to persons whose record is requested? If self, state “self”

If attorney, give name & relationship to person whose record is requested.

If by mail, please have **notarized**:

Signature of Applicant _____

Sworn before me this ____ day of

Address of Applicant _____

Phone Number of Applicant _____

Notary Signature

Mail this application & check to:
Noelle M. Burley, Town Clerk
269 Ogden Center Road
Spencerport, NY 14559