



TOWN OF HAVERSTRAW
RAQUEL VENTURA
Town Clerk

MARISOL CANCEL
First Deputy

APRIL COBB
Deputy

Enclosed is the application for a copy of your marriage certificate. You must:

- ◆ Fill out the form completely and have it notarized
- ◆ Enclose a copy of your current driver's license/passport
- ◆ Enclose a check or money order in the amount of ten (10) dollars per copy made payable to "Haverstraw Town Clerk"
- ◆ Write your phone number on the check or money order
- ◆ Mail all the information to: Town of Haverstraw

Town Clerk's Office

1 Rosman Road, Suite 240

Garnerville, NY 10923

As soon as I receive your information I will send you your copy. If you have any questions, please feel free to contact my office. Thank you and have a nice day.

Sincerely,

Raquel Ventura
Town Clerk

TYPE OF RECORD DESIRED (Enter Number of Copies)			
<p>Search and Certified Transcript <input style="width: 40px; height: 20px;" type="checkbox"/> Fee \$10.00 per copy</p> <p>A Certified Transcript is an abstract from the marriage record issued under the seal of the town/city clerk. It includes the names of the contracting parties, their residence at the time the license was issued, date and place of marriage as well as date and place of birth of the bride and groom.</p> <p>A Certified Transcript may be used as proof that a marriage occurred.</p>	<p>Search and Certified Copy <input style="width: 40px; height: 20px;" type="checkbox"/> Fee \$10.00 per copy</p> <p>A Certified Copy includes all of the items of information occurring on the original record of the marriage.</p> <p>A Certified Copy may be needed where proof of parentage and certain other detailed information may be required such as: passports, veteran's benefits, court proceedings, or settlement of an estate.</p>		
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>Last</i> _____	<i>Birth Name (if different)</i> _____
If Previously Married, State Name Used at that Time:		Residence (at time of marriage):	
<i>First</i> _____	<i>Middle</i> _____	<i>Last</i> _____	<i>County</i> _____ <i>State</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>Last</i> _____	<i>Birth Name (if different)</i> _____
If Previously Married, State Name Used at that Time:		Residence (at time of marriage):	
<i>First</i> _____	<i>Middle</i> _____	<i>Last</i> _____	<i>County</i> _____ <i>State</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>County</i> _____	<i>Town or City</i> _____ <i>County</i> _____	_____	_____
Purpose for which record is required:		Date of Marriage or Period Covered by Search:	
In what capacity are you acting?:		<i>Married on or Search from:</i> _____ <i>(mm / dd / yyyy)</i>	
What is your relationship to person whose record is required? (If self, state "SELF".)		<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:			
Signature of Applicant		Date:	
▶ _____		_____	
Applicant's Phone Number:			
Name of Applicant:		Please print name and address where record is to be sent:	
Address of Applicant:		_____	
_____		_____	
_____		_____	
_____		_____	
<i>City</i> _____	<i>State</i> _____	<i>City</i> _____	<i>State</i> _____
<i>ZIP</i> _____	<i>ZIP</i> _____	<i>ZIP</i> _____	<i>ZIP</i> _____