

OFFICE OF THE CITY CLERK

City Hall, 1 Kennedy Plaza
Utica, New York 13502

Tel.: (315) 792-0113
Fax: (315) 792-0220



Melissa Sciortino

City Clerk

Andrew Castilla

Deputy City Clerk

APPLICATION FOR A CERTIFIED COPY OF A MARRIAGE RECORD

There is a \$10.00 fee for the marriage record search and first certified copy.

Return this completed application **AND** a copy of acceptable identification **AND** the \$10 fee in person to the address listed above **OR** submit via email to addresses listed below. **We accept cash, credit card and money orders ONLY. NO CHECKS**

Edita Rosic
Pricilla Garcia

erosic@cityofutica.com
pgarcia@cityofutica.com

TYPES OF ACCEPTABLE ID INCLUDE: Driver's license, passport or Medicaid card **WITH PHOTO**. We cannot accept non-photo ID

If search yields no results, the \$10 fee is retained by the Clerk's Office and a No Record Certification will be issued to the applicant.

If more than one certified copy is requested, there is a \$10 fee for each additional copy.

If obtaining the record via mail or the drop box, please allow 7 business days to process. We accept money order or credit card by phone. Money orders must be submitted at the time of application. We will contact you for credit card information once the application is processed. Include a self-addressed stamped envelope for expedited response.

Incomplete applications or applications submitted without acceptable identification **WILL NOT** be processed

If you have any questions or need assistance, please contact us Monday - Friday from 830am to 430pm

Edita Rosic (315) 792 – 0118
Pricilla Garcia (315) 792 – 0115

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APPLICATION FOR CERTIFIED COPY OF MARRIAGE RECORD

1. NUMBER OF COPIES REQUESTED:

(\$10 FEE PER COPY), MUST HAVE ID

2. BRIDE / GROOM / SPOUSE (Circle One)

A. NAME AT BIRTH:

FIRST MIDDLE LAST (MAIDEN)

B. IF PREVIOUSLY MARRIED, STATE NAME USED AT THAT TIME:

FIRST MIDDLE LAST

C. DATE OF BIRTH: MM/DD/YYYY

3. BRIDE / GROOM / SPOUSE (Circle One)

A. NAME AT BIRTH:

FIRST MIDDLE LAST (MAIDEN)

B. IF PREVIOUSLY MARRIED, STATE NAME USED AT THAT TIME:

FIRST MIDDLE LAST

C. DATE OF BIRTH: MM/DD/YYYY

4. MARRIAGE INFORMATION

A. PLACE WHERE MARRIAGE LICENSE WAS ISSUED:

TOWN OR CITY COUNTY

B. PLACE WHERE MARRIAGE WAS PERFORMED:

TOWN OR CITY COUNTY

C. DATE OF MARRIAGE (OR PERIOD COVERED BY SEARCH):

MM/DD/YYYY - MM/DD/YYYY
(MARRIED ON OR SEARCH FROM) (SEARCH TO)

5. PURPOSE FOR WHICH RECORD IS REQUIRED:

6. APPLICANT INFORMATION

A. FULL NAME:

FIRST MIDDLE LAST

B. PHONE NUMBER:

C. EMAIL ADDRESS:

D. PHYSICAL ADDRESS (WHERE RECORD IS TO BE SENT):

CITY, TOWN, OR VILLAGE STATE ZIP

7. RELATIONSHIP TO PERSON WHOSE RECORD IS REQUIRED

A. IF SELF, STATE "SELF":

B. IF ATTORNEY, GIVE NAME AND RELATIONSHIP OF YOUR CLIENT TO PERSON WHOSE RECORD IS REQUIRED:

8. APPLICANT'S SIGNATURE:

9. DATE OF APPLICATION COMPLETION: MM/DD/YYYY

PLEASE NOTE THE FOLLOWING:

- If you are not named on the marriage certificate BUT have obtained power of attorney for one and/or both spouses, a signed certified copy of that documentation must be provided with this completed application.