

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

INSTRUCTIONS ON HOW TO APPLY FOR A MARRIAGE LICENSE

**WE ARE ONLY ACCEPTING APPLICATIONS
FROM PEOPLE WHO LIVE IN THE FOLLOWING COUNTIES:
ONEIDA, HERKIMER, LEWIS, AND MADISON**

1. Schedule an appointment with our office by contacting one or more of the following:

Edita Rosic	(315) 792-0118	erosic@cityofutica.com
Pricilla Garcia	(315) 792-0115	pgarcia@cityofutica.com

2. Send us (via email) copies of all the following documents/identification for BOTH parties:

- A. Valid photo ID
(Driver's License, Passport, or Citizenship Record) **AND**
- B. Documentation of how last marriage(s) ended
(Divorce, Annulment, or Death Certificate) **AND**
- C. Birth Certificate or Baptismal Record (if available)

**If any of these records are not in English they MUST be translated
into English by a certified translator.**

If you don't have access to email, we will work with you via mail
or the physical drop box located in the front of City Hall.

**3. Complete the AFFIDAVIT, LICENSE, and CERTIFICATE OF MARRIAGE WORKSHEET
(attached below) and send it to us via mail or email
(by taking a picture of the completed worksheet or scanning a copy).**

**4. Arrive promptly for your scheduled appointment.
BOTH parties must be present and BOTH must have on hand the following identification:**

- A. Driver's License **OR**
- B. Passport **OR**
- C. Medicaid card **WITH PHOTO** (We cannot accept it if there's no photo)

**5. There is a \$40.00 fee (CASH ONLY) for the marriage license.
Please show up to your appointment with the exact payment of \$40.00 (CASH ONLY).
We cannot process the application for your marriage license until we receive exact payment in
full!**

*** Once a marriage license has been issued, there is a 24 hour waiting period before it can be used.
After that 24 hour period, regular marriage licenses are valid for 60 days.
If either party is active duty, this period extends to 180 days.**

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**AFFIDAVIT, LICENSE, and CERTIFICATE
OF MARRIAGE WORKSHEET**

(Must be completed for BOTH spouses)

BRIDE / GROOM / SPOUSE

(Circle One)

1. A. FULL NAME _____
FIRST MIDDLE CURRENT SURNAME

B. BIRTH NAME, IF DIFFERENT _____

C. MIDDLE NAME AFTER MARRIAGE (OPTIONAL) _____

D. SURNAME AFTER MARRIAGE (OPTIONAL) _____

E. SOCIAL SECURITY NUMBER _____

2. RESIDENCE A. _____ B. _____
(STATE) (COUNTY)C. CHECK ONE CITY ☐ TOWN ☐ VILLAGE ☐
AND SPECIFY _____

D. STREET ADDRESS _____ ZIP _____

E. IS RESIDENCE WITHIN LIMITS OF CITY OR VILLAGE? YES ☐ NO ☐3. A. AGE _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____
MM/DD/YYYY

4. EMPLOYMENT (OCCUPATION) _____

5. PLACE OF BIRTH _____
(CITY, STATE / COUNTRY, IF NOT USA)6. FATHER OR PARENT
A. NAME (ON CURRENT BIRTH CERTIFICATE) _____

B. COUNTRY OF BIRTH _____

7. MOTHER OR PARENT
A. NAME (ON CURRENT BIRTH CERTIFICATE) _____

B. COUNTRY OF BIRTH _____

8. NUMBER OF THIS MARRIAGE _____

9. PREVIOUS MARRIAGES
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY

DIVORCE _____ CIVIL ANNULMENT _____ DEATH _____

B. HOW DID LAST MARRIAGE END?

DIVORCE ☐ CIVIL ANNULMENT ☐ DEATH ☐C. DATE LAST MARRIAGE ENDED? _____
MM/DD/YYYYD. ARE ANY FORMER SPOUSE(S) ALIVE? YES ☐ NO ☐

10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFO:

	DATE OF DECREE MM/DD/YYYY	PLACE ISSUED (CITY/COUNTY, STATE/COUNTRY)	AGAINST WHOM	
			SELF	SPOUSE
1st	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2nd	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3rd	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

TELEPHONE # _____

Signature: _____

BRIDE / GROOM / SPOUSE

(Circle One)

11. A. FULL NAME _____
FIRST MIDDLE CURRENT SURNAME

B. BIRTH NAME, IF DIFFERENT _____

C. MIDDLE NAME AFTER MARRIAGE (OPTIONAL) _____

D. SURNAME AFTER MARRIAGE (OPTIONAL) _____

E. SOCIAL SECURITY NUMBER _____

12. RESIDENCE A. _____ B. _____
(STATE) (COUNTY)C. CHECK ONE CITY ☐ TOWN ☐ VILLAGE ☐
AND SPECIFY _____

D. STREET ADDRESS _____ ZIP _____

E. IS RESIDENCE WITHIN LIMITS OF CITY OR VILLAGE? YES ☐ NO ☐13. A. AGE _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____
MM/DD/YYYY

14. EMPLOYMENT (OCCUPATION) _____

15. PLACE OF BIRTH _____
(CITY, STATE / COUNTRY, IF NOT USA)16. FATHER OR PARENT
A. NAME (ON CURRENT BIRTH CERTIFICATE) _____

B. COUNTRY OF BIRTH _____

17. MOTHER OR PARENT
A. NAME (ON CURRENT BIRTH CERTIFICATE) _____

B. COUNTRY OF BIRTH _____

18. NUMBER OF THIS MARRIAGE _____

19. PREVIOUS MARRIAGES
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY

DIVORCE _____ CIVIL ANNULMENT _____ DEATH _____

B. HOW DID LAST MARRIAGE END?

DIVORCE ☐ CIVIL ANNULMENT ☐ DEATH ☐C. DATE LAST MARRIAGE ENDED? _____
MM/DD/YYYYD. ARE ANY FORMER SPOUSE(S) ALIVE? YES ☐ NO ☐

20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDED THE FOLLOWING INFO:

	DATE OF DECREE MM/DD/YYYY	PLACE ISSUED (CITY/COUNTY, STATE/COUNTRY)	AGAINST WHOM	
			SELF	SPOUSE
1st	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2nd	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3rd	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

TELEPHONE # _____

Signature: _____