

Town of Eden
2795 East Church St.
Eden, NY 14057



Emily Hawkins
Town Clerk
716-992-3406
emily@edenny.gov

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
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 _____ Phone Number _____

Date _____

_____ Notary Seal

Please print name and address where record should be sent:

Name _____

Address _____

City _____ State _____ Zip _____