

## APPLICATION FOR A CERTIFIED TRANSCRIPT OF MARRIAGE

### REQUIREMENTS

People eligible to get a marriage certificate:

- Spouses
- Other people who have a:
  - documented judicial or other proper purpose
  - New York State Court Order

If you are not a spouse, you must document a judicial or other proper purpose. For example, you may need a marriage certificate to claim a benefit. You would need an official letter from the agency saying that you need the marriage record to process the claim.

### TYPES OF IDENTIFICATION REQUIRED

Application must be submitted with copies of either A or B:

- A. **One** of the following forms of valid photo-ID:
- Driver's license
  - State-issued, nondriver photo-ID card
  - Passport
  - U.S. Military-issued, photo-ID

**OR**

- B. **Two** of the following showing the applicant's name and address:
- Utility or telephone bill
  - Letter from a government agency dated within the last six months

### FEE/MANNER OF PAYMENT

- \$10.00 per copy
- Cash (if in person), Money Order, Bank Cashier's Check, Personal Check if from a local bank in the City of Oneida
- Money Orders and Checks shall be made payable to City Clerk.
- Credit or Debit Card (Visa, Master Card, Discover, American Express)

### PLEASE NOTE:

- If mailing your application, please provide us with a No. 10 self-addressed, stamped envelope in order for us to process your request. If your need is urgent, we suggest using an overnight mail service, and include a self-addressed, pre-stamped overnight envelope that we can send back to you. All requests are processed the same day of receipt.
- We are prohibited from discussing specific Vital Records information over the telephone. All requests must be submitted in writing with the proper identification.
- If we have done the search and determined that the record was not purchased in the City of Oneida, you will still be charged the fee and be provided with a "No Record Certification Form" stating that a search was made and that no record was found.



**CITY OF ONEIDA**  
 City Clerk  
 109 N. Main Street  
 Oneida, NY 13421  
 315-363-7378/315-363-9558 (Fax)

## APPLICATION FOR RECORD OF MARRIAGE

Fee is \$10 per copy

\_\_\_\_ Number of Copies Requested

\_\_\_\_ Government Use Copy (Free)

**\*\*Must supply documentation from Government Agency requesting the certificate, i.e. VA**

OFFICE USE ONLY:
Date Processed/Mailed: _____
By Whom: _____

**NOTE:** A "No Record Certification" will be issued if, upon our search, the desired record cannot be located. The \$10 fee applies.

NAME OF APPLICANT	<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST (Maiden if Applicable)</u>
NAME OF SPOUSE	<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST (Maiden if Applicable)</u>
DATE OF MARRIAGE (Must have year if exact date is not known)	REGISTRATION No. (If Known)		WHERE MARRIAGE TOOK PLACE
PURPOSE FOR RECORD	<input type="checkbox"/> Insurance <input type="checkbox"/> Marriage <input type="checkbox"/> Passport <input type="checkbox"/> School/Sports <input type="checkbox"/> Retirement <input type="checkbox"/> Social Security	<input type="checkbox"/> Other (Please Specify) _____	

**What is your relationship to the person whose record is required?** \_\_\_\_ SELF \_\_\_\_ PARENT \_\_\_\_ ATTORNEY/LEGAL GUARDIAN

My signature certifies my understanding of and agreement with the requirements as stated in the general instructions on the application.

SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**\*Cannot be sent to a P.O. Box, Business or C/O**

PHONE#: (\_\_\_\_) \_\_\_\_\_ EMAIL (OPTIONAL): \_\_\_\_\_

# CITY OF ONEIDA

Office of the City Clerk  
109 N. Main Street  
Oneida, NY 13421  
315-363-7378/315-363-9558 Fax

Applicant can either scan and email this form to our office or submit it through the mail with the completed application. All transactions are subject to approval and card authorization. **Fees apply: 2.19% Credit Cards; 1.79% Debit (\$1.00 minimum fee credit/debit card)**

## CREDIT CARD AUTHORIZATION FORM

### CARDHOLDER INFORMATION

Name: \_\_\_\_\_  
Billing Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Direct Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I hereby affirm that I am the owner of the below referenced credit card and that my name is listed on the front of the credit card.

I hereby authorize the City of Oneida, 109 N. Main St. Oneida, NY 13421, to charge my credit card (listed below) in the amount of \$ \_\_\_\_\_, according to the terms of the attached application.

\_\_\_\_\_  
Account Holder Signature

### CREDIT CARD INFORMATION (Please note if credit or debit)

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_ Discover

Card Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_ CVV No.: \_\_\_\_\_

Cardholder Signature : \_\_\_\_\_

Date: \_\_\_\_\_

\*\*Please print legibly. If we are unable to verify your information, the application will be returned.

*For Office Use Only*

Confirmation ID: \_\_\_\_\_

By Whom: \_\_\_\_\_