



**TOWN OF MARBLETOWN**  
**TOWN CLERK/TAX COLLECTOR/REGISTRARS**  
**OFFICE**

P.O. BOX 217, STONE RIDGE, NEW YORK 12484  
1925 LUCAS AVE., COTTEKILL, NEW YORK 12419  
(845)-687-7500 X2

**TOWN OF MARBLETOWN TOWN CLERK'S OFFICE**  
**REQUEST FOR CERTIFIED TRANSCRIPT OF MARRIAGE LICENSE**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**NAME OF SPOUSE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**DATE OF MARRIAGE:** \_\_\_\_\_

**WAS THE SPOUSES NAME TAKEN?** \_\_\_\_\_

**MAIDEN NAME:** \_\_\_\_\_

NUMBER OF CERTIFIED TRANSCRIPTS: (    ) \$10.00 PER

**PERSON REQUESTING INFORMATION:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**E MAIL ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**\*PERSON REQUESTING INFORMATION MUST PROVIDE A PICTURE ID;  
PROOF OF WHO THEY SAY THEY ARE**