Laroue Rose Shatzkin Town Clerk

Amanda Shafiullah Deputy Town Clerk



ONE-DAY MARRIAGE OFFICIANT LICENSE

MARRIAGE OFFICIANT APPLICANT	
Applicant's Full Name:	
Telephone Number:	
Email:	
Street Address:	
	Zip Code:
<u>PERSONS TO BE MARRIED</u> (as names ap	
	_ Name:
	_ Address:
	Date of Birth:
Marriage License #:	
Marriage License Expiration Date & Time:	
I duly swear/affirm that the information pro Date:	ovided above is true and accurate.
Signature of Applicant:	
Subscribed & sworn to/affirmed before me	
Signature of Town Clerk or Deputy Town C	lerk:
License granted this day of	, 20
	<u>e married as described above</u> and shall expire after the marriage se, whichever occurs first. This License issued under Domestic

Complete and return this application along with a copy of valid, government-issued photo ID and the \$25.00 fee. (By Mail – Money Order / In Person – Cash, credit card, NYS Check or Money Order)