

Send request to:

## Susan Haag, Town Clerk, Registrar Town of Austerlitz PO Box 238 Spencertown, New York 12165

Required ID must be included with application (see instructions). Make check or money order payable to the Austerlitz Town Clerk

Bride/Groom/Spouse							
Name (as recorded on marriage license):						Date of Birth:	
First 1	Middle	Last	Birth Name	Birth Name (if different)			
If Previously Married, State	e Name Us	ed at That Time:		Residence (at the time of marriage)			
First 1	Middle		Last		nty State		
Bride/Groom/Spouse		Dark Bridge		NADA J			
Name (as recorded on ma	rriage licen	se):				Date of Birt	:h:
First 1	: Middle Lo		Birth Name	ne (if different)		1	
If Previously Married, State		ed at That Time:		Residence (at the time of marriage)			
First 1	Middle	Last		County		State	
Marriage Information	1			W-1-1	Transition of		
Place Where Marriage Liecense Was Issued: Place Wh			Vhere Marriage Was Perform	ed:	Local Regis (if Known)	tration <b>Numb</b>	oer:
Town	County	Town	County				
Purpose for Which Record	l is Require	d:		Date of Marriage or Period Covered by Search Married on or Search from:			
In What Capacity Are You Acting? What is your relationsh required? (If self, state "S			<b>hip</b> to person whose record is 'SELF")	Search to: (if searching period)		mm/dd/yyyy  mm/dd/yyyy	
If attorney, give <b>name and</b>	l relations	nip of your client to po	erson whose record is require		M.1.	•	
If you are not the bride, g	room or sp	ouse on the record, y	ou must submit documentat	tion of a judic	ial or other p	proper purpo	se.
Signature of Applicant:		Date Signed:	Search Fee: \$10.00		Certificatio	on Fee: \$10.00 Search Fee	\$10.00
		mm/dd/yyyy	\$10.00 X		Add'l certified copies	=	
Address of Applicant:			* First certified copy is i	included in se	•	Total:	
Address of Applicant.			If record is sent to a diff			§	
(Applicant's Name)			(Name)				
(Street)			(Street)				
<i>(City)</i> Telephone Number:		(State) (Zip)	(City)			(State)	(Zip)