

**TOWN OF BRANT
REQUEST FOR CERTIFIED COPY OF MARRIAGE LICENSE FORM**

Phone: (716)549-0282
 Fax (716) 549-0623
 email: townclerk@brantny.com

REMIT TO..... **Thea A. Ells**
 Town Clerk, Registrar
 Town of Brant
 1294 Brant-North Collins Road
 PO Box 228
 Brant New York 14081

PLEASE COMPLETE FORM AND REMIT WITH FEE
 Fee \$10.00 for each certified copy requested

Please Print or Type							
Name of Groom	(First)	(Middle)	(Last)	Name of Bride	(First)	(Middle)	(Last)
Groom's Date of Birth				Bride's Date of Birth			
Groom's Residence	(County)	(State)		Bride's Residence	(County)	(State)	
Date of Marriage or Period Covered by Search				Bride's Maiden Name			
Place Where License Was Issued				City Where Wedding Was Performed			
For What Purpose is information required?				What is your relationship to person whose record is requested? If self, state "Self"			
In capacity are you acting?				If attorney: Name & Relationship of your client to persons whose marriage record is required			
Signature of Applicant				Date			
Address of Applicant				Please print name & Address where record to be sent:			