NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Affidavit to Request Certified Copy of Marriage Certificate

Affidavit for use with Dual Citizenship Application Requests

FOR OFFICE USE
Ref. # _____

I, _____ , swear or affirm under penalty of perjury that the statements made herein and any accompanying documentation are true and correct to the best of my knowledge and belief.

I reside at _____
(Street Address) *(City)* *(State)* *(ZIP Code)*

and I am requesting a certified copy of the marriage record of _____ and
(Bride/Maiden Name)

_____ who were married on _____
(Groom) *(Date of Marriage)*

with a license issued by the City / Town of _____ in New York State.
(Town or City where license is believed to have been issued)

A certified copy of this record is required for the purpose of obtaining citizenship with _____.
(Name of Country)

I am related to the Bride or Groom as follows: *(Show name and relationship of descendents from yourself to the bride or groom. For example,* I, Joseph Kelly, am the son of Mary McCormick, who is the daughter of Simon Green, who is the son of the bride, Alice Faillugh.)

I also swear or affirm that this affidavit is being made for the sole purpose of obtaining the record of marriage for the purpose stated above and that both the bride and groom on the record are deceased. (Submit photocopies of the bride and groom's death certificates with this affidavit.)

▶ _____
Signature of Applicant

Below to be completed by Notary Public

STATE OF _____ } **SS:**
COUNTY OF _____ }

Subscribed and sworn to
(affirmed) before me this _____ day

of _____ , _____ .

▶ _____
Notary Public