

TOWN OF MARTINSBURG

PO BOX 8

5405 CEMETERY ROAD

MARTINSBURG NY 13404

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Supervisor Terrence Thisse

Town Clerk: Mary Kelley

Highway Sup't: Tyler Jones (315) 376-2309

APPLICATION FOR ONE-DAY MARRIAGE OFFICIANT LICENSE

Applicant Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

Proof of Identity presented \_\_\_\_\_ Date of Birth \_\_\_\_\_

Persons to be married (as appears on the marriage license)

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

I duly swear/affirm that the information provided above is true and accurate.

Date: \_\_\_\_\_ Applicant \_\_\_\_\_

Subscribed & sworn to/affirmed before me \_\_\_\_\_

Town Clerk/Deputy Town Clerk

License granted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Town Clerk/Deputy Town Clerk