

# Application for Copy of Records Dissolution of Marriage

**PLEASE COMPLETE FORM AND ENCLOSE FEE**

**FEE:** \$30.00 per copy or No Record Certification. Make money order or check payable to the New York State Department of Health. Do not send cash or stamps.

**Note:** Certificates of Dissolution of Marriage for divorce decrees granted prior to January 1, 1963 were not filed with the Department of Health. To obtain a record of the decree, contact the county clerk of the county in which the decree was granted.

**PLEASE PRINT OR TYPE**

Name of Husband  First                      Middle                      Last	Name of Wife  First                      Middle                      Last
Address at time of Decree (Husband)	Address at time of Decree (Wife)
Date of Marriage  Month                      Day                      Year	Place Marriage License was issued. (city, town or village)
County in Which Decree was filed	Date of final Decree or period to be searched  Month                      Day                      Year
Purpose for Which Record is Required	What is your relationship to the individuals named in the Decree?
If attorney, give name and relationship of your client to the individuals named in the Decree.	

Signature of Applicant	Date Requested		
	Month	Day	Year
Address of Applicant	Street		
	City	State	Zip

**PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT**

Name _____	Telephone (      ) _____	
Address _____		
City _____	State _____	Zip Code _____