



OFFICE OF THE TOWN CLERK
JENNIFER L. DiCHRISTINA
Town Clerk

5 Clarence Center Rd, P.O. Box 227, Akron, NY 14001
(716) 542-4573 Opt. 2 – jennifer@townofnewstead.com

APPLICATION FOR ONE-DAY MARRIAGE OFFICIANT LICENSE

APPLICANT:

Name: _____ Phone # _____
Address: _____ Email: _____
_____ Date of Birth: _____
Proof of Identity Presented: _____ Date of Ceremony: _____

PERSONS TO BE MARRIED (as appears on the marriage license):

Name: _____ Name: _____
Address: _____ Address: _____
_____ _____
Date of Birth: _____ Date of Birth: _____

Marriage License granted this _____ day of _____, 20__

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

Signature of Applicant

Date

Subscribed & sworn to/affirmed before me _____
Town Clerk / Deputy Town Clerk

***NOTE: This license is valid only for the parties to be married as described above and shall expire after the marriage ceremony or the expiration of the marriage license, whichever occurs first.**

Office Use Only: Issue Number _____ Register Number: _____