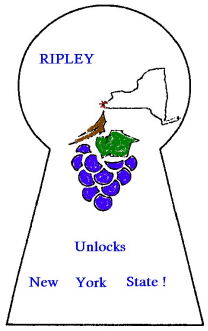
RYLEIGH ENTERLINE
TOWN CLERK/TAX COLLECTOR

REGISTRAR OF VITAL STATISTICS
MARRIAGE OFFICER
RECORDS MANAGEMENT OFFICER
FREEDOM OF INFORMATION OFFICER
NOTARY PUBLIC
WATER/SEWER BILL COLLECTOR



RIPLEY TOWN CLERK'S OFFICE
14 NORTH STATE ST
PO BOX 2
RIPLEY, NY 14775
FAX: 716-413-8008
PHONE: 716-413-8010, OPT 1
EMAIL: RIPLEYTOWNCLERK@RIPLEYNY.GOV

OFFICE OF THE TOWN CLERK
TOWN OF RIPLEY
APPLICATION TO OBTAIN A COPY OF A MARRIAGE RECORD

Fee: $10.00 Per Certified Copy or "No Record Certification" if no record is on file after a complete search is done.

Payable by Credit/Debit Card (3% fee)/Personal Check/ Cash

The **ONLY** individuals eligible to obtain a certified marriage transcript include:

- Either spouse named on the marriage license;
- A municipal, state or federal agency when needed for official purpose.

Identification Requirements: Applications must be submitted with a copy of the one of the following forms of **valid photo ID**:

- **Driver's License**
- **DMV issued non-driver's photo ID card**
- **Passport**
- **US Military issued photo ID**
- **Police Report of Lost or Stolen ID**

*Applicants with a legal name change must provide proper documentation.

If you have read all the information above and can attest that you are eligible to obtain the marriage record, then please complete the affidavit on the next page and mail it along with all required documentation listed above.

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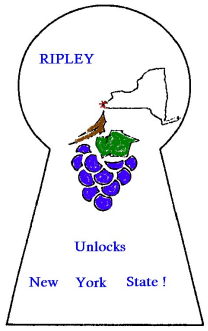

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APPLICATION FOR CERTIFIED TRANSCRIPT OF MARRIAGE RECORDS

BRIDE/GROOM/SPOUSE #1:

Name: _____
FIRST MIDDLE LAST (MAIDEN)

DATE OF BIRTH: _____ BIRTHPLACE: _____

BRIDE/GROOM/SPOUSE #2:

Name: _____
FIRST MIDDLE LAST (MAIDEN)

DATE OF BIRTH: _____ BIRTHPLACE: _____

DATE OF MARRIAGE: _____ **PLACE OF MARRIAGE:** _____
(CITY/TOWN)

PURPOSE FOR WHICH RECORD IS REQUIRED: _____
RELATIONSHIP TO PERSON WHOSE RECORD IS BEING REQUESTED: _____
NUMBER OF CERTIFIED COPIES NEEDED: _____

_____
Signature of Applicant

_____
Print Name

_____
Mailing Address

_____
City State Zip

_____
Telephone Number

_____
Email Address

Date: _____

NOTARIZATION

County of: _____
State of: _____

Sworn to before me this _____ day of _____, 20_____.

_____
Signature of Notary Public (Stamp Below)