

Applicant

OFFICE OF THE TOWN CLERK TOWN OF OSSINING 16 CROTON AVE. OSSINING NY 10562

| For Office Use Only | |
|---------------------|--|
| License No | |

APPLICATION FOR ONE-DAY MARRIAGE OFFICIANT LICENSE

Complete and return this application along with i) a copy of valid, government-issued photo ID; and ii) a \$25.00 check/cash/CC by mail or in person to the above address.

| Applicant Name | Date of Birth |
|--|--|
| Mailing Address | |
| Email | Phone |
| Persons to be Married (as appears on the marriage licens | |
| Bride/Groom/Spouse Residing at | |
| Bride/Groom/Spouse | Date of Birth |
| Ceremony | |
| Ceremony Location Town/Village/City | County State |
| Ceremony Date | - I all a second a se |
| I duly swear/affirm that the information provided above is | s true and accurate. |
| Applicant | Date |
| Sworn to before me this day of | |
| Notary Signature | |
| Subscribed & sworn to/affirmed before meTown | Clerk/Deputy Town Clerk |
| License granted this day of | _, 20 |
| | Town Clerk/Deputy Town Clerk |