

TOWN OF DENMARK
3707 Roberts Road
Carthage, NY 13619
Phone 315-493-3846 Fax 315-493-4809
townclerk@townofdenmarkny.org

Scott Doyle
Town Supervisor

Prudence L. Greene
Town Clerk/ Tax Collector / Registrar

APPLICATION FOR ONE-DAY MARRIAGE OFFICIANT LICENSE

Applicant name _____ phone _____

Mailing Address _____ email _____

_____ DOB _____

Proof of identity _____

Persons to be married as appears on marriage license.

Name 1 _____ Name 2 _____

Address _____ Address _____

DOB _____ DOB _____

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

Applicant / Officiant

Date

Please note: This license is valid only for the parties to be married listed above and shall expire after the marriage ceremony or the expiration of the marriage license, whichever occurs first.

Application fee of \$25.00 must be collected at the time of the application.

Date: _____ Receipt _____

Officiant License granted this _____ day of _____, 20____.

Town Registrar / Deputy Town Registrar