

TOWN OF CALEDONIA
ONE-DAY MARRIAGE OFFICIANT LICENSE APPLICATION

(p) 585-538-4927 | (f) 585-538-6348

sgraham@caledonianyny.gov

www.caledonianyny.gov

Applicant Details

Applicant Name: _____ **Phone:** _____

Mailing Address: _____

Date of Birth: _____ **Proof of Identity:** _____

Persons to be Married (as appears on the marriage license)

Party 1 Name: _____ **Party 2 Name:** _____

Address: _____ **Address:** _____

Date of Birth: _____ **Date of Birth:** _____

I duly swear/affirm under penalty of perjury that the information provided above is true and accurate.

Applicant Signature

Date

Clerk/Deputy Clerk Signature

Date

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.

NOTARY

State of _____) ss.:
County of _____)

On the _____ day of _____ in the year _____, before me, the undersigned notary public, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public