

FOR OFFICE USE ONLY
Application #: \_\_\_\_\_

## PO BOX 96

West Shokan, NY 12494

845-657-8118 X 5 FAX 845-657-2016

olivetownclerk@hvc.rr.com townofolive.org

Applicant's Name:	Telephone:
Mailing Address:	Email:
	Date of Birth:
Proof of Identity presented:	
Persons to be married (as appears on the Marriage Li	cense)
Name:	Name:
Address:	Address:
Date of Birth:	Date of Birth:
I duly swear/affirm that the information provided abo	ve is true and accurate.
Date:	
	Applicant Signature
Subscribed & sworn to/affirmed before me.	
	Town Clerk/Deputy Town Clerk
License granted ONLY for the day of	Date:, 20
Subscribed & sworn to/affirmed before notary.	
	Town Clerk/Deputy Town Clerk
	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.
- \* Applicant name must match Officiant name on the completed marriage license.
- \* Ceremony must take place in New York State.