



CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

OFFICE OF CITY CLERK

APPLICATION FOR CERTIFIED RECORD OF A MARRIAGE - Fee \$10.00 MAKE CHECKS PAYABLE TO CITY OF OCEAN CITY, 861 ASBURY AVENUE, OCEAN CITY, NJ 08226

MARRIAGE

Requester's Name _____

Requester's Address _____

Requester's relationship to subject _____ as stated in **paragraph 2** of **cover letter**.

Place of Marriage _____ CITY _____ STATE _____

Subjects' Date of Marriage _____ MONTH _____ DAY _____ YEAR _____

Groom's - Full Name as it appears on the birth record

_____ LAST _____ FIRST _____ MIDDLE _____

Bride's - Full Maiden Name as it appears on the birth record

_____ LAST _____ FIRST _____ MIDDLE _____

Photocopy of ID Enclosed (Per requirements as listed on **cover letter**.)

- 1.
- 2.
- 3.

REQUESTER'S SIGNATURE

DATE