



CITY OF LOCKPORT, NEW YORK
LOCKPORT MUNICIPAL BUILDING
ONE LOCKS PLAZA
LOCKPORT, NY 14094

OFFICE OF CITY CLERK

Sarah K. Lanzo, City Clerk
Emily Stoddard, Dep. City Clerk/Registrar of Vital Statistics

Office (716)439-6676
Fax (716)439-6702

HOW TO OBTAIN A MARRIAGE LICENSE

- Couple must appear in person.
- You must purchase the license at least 24 hours prior to your ceremony.
- The license will expire 60 days after you purchase it.
- You must bring proof of identity and proof of age.

Proof of identity may be one of the following:

Picture driver's license
Government photo id
Employment photo id
Immigration record

Proof of age may be one of the following:

Birth certificate
Passport
Baptismal record
Census record
Naturalization record

- If there are any previous marriages, you must bring with you the final divorce decree or death certificate for your most recent marriage that ended in divorce or death.
- Fee is \$40.00. We accept cash, check, credit card or money order.
- **By Appointment only.** Monday-Friday 9:00am-11:30am and 2:00pm-3:30pm Please call 716-439-6676 to schedule.
- Please fill out the marriage license application (1 for each spouse) and bring with you along with your documentation to the appointment.

APPLICATION FOR MARRIAGE LICENSE

(Please print)

Full Name _____
First Middle Current Surname

Maiden Name _____ Surname **after** marriage _____
(if applicable) (if applicable)

Middle name after marriage (if changing) _____

Social Security Number _____ - _____ - _____

Residence _____
Street Address Zip Code

State County City/Town/Village

Contact number: Home: _____ Cell: _____

Date of Birth ____ / ____ / ____ Age ____ Sex ____ (Optional)

Place of Birth _____
City / State

Employment: Usual Occupation _____
Type of Business _____

Father or Parent Name _____
First Middle Last (**Maiden name**, if applicable)

Father or Parent Birthplace (Country) _____

Mother or Parent Name _____
First Middle Last (**Maiden name**, if applicable)

Mother or Parent Birthplace (Country) _____

Number of this Marriage _____

Address to mail Certificate of Marriage Registration to:

Street Apt. No City/Town State Zip

REQUIRED: (Clerk to complete)

Proof of Age:

Birth Certificate Baptismal Records Naturalization Record Census Record
AND

Proof of Identity:

Drivers License Passport Employment photo id Immigration Record

Documented Divorce? Yes No (write information on the other side of this page)

APPLICATION FOR MARRIAGE LICENSE

(Please print)

Full Name _____
First Middle Current Surname

Maiden Name _____ Surname **after** marriage _____
(if applicable) (if applicable)

Middle name after marriage (if changing) _____

Social Security Number _____ - _____ - _____

Residence _____
Street Address Zip Code
State County City/Town/Village

Contact number: Home: _____ Cell: _____

Date of Birth ____ / ____ / ____ Age ____ Sex ____ (Optional)

Place of Birth _____
City / State

Employment: Usual Occupation _____
Type of Business _____

Father or Parent Name _____
First Middle Last (**Maiden name**, if applicable)

Father or Parent Birthplace (Country) _____

Mother or Parent Name _____
First Middle Last (**Maiden name**, if applicable)

Mother or Parent Birthplace (Country) _____

Number of this Marriage _____

Address to mail Certificate of Marriage Registration to:

Street Apt. No City/Town State Zip

REQUIRED: (Clerk to complete)

Proof of Age:

Birth Certificate Baptismal Records Naturalization Record Census Record
AND

Proof of Identity:

Drivers License Passport Employment photo id Immigration Record

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