



**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**

- **By Appointment only.** Monday-Friday 9:00am-11:30am and 2:00pm-3:30pm. Please call 716-439-6676 to schedule.
- The couple must appear in person.
- You must purchase the license at least 24 hours prior to your ceremony and the license will expire 60 days after you purchase it.
- You must bring proof of identity and proof of age. The City of Lockport requires this to be a certified long form birth certificate with parents names listed and government photo id such as a drivers' license. ***If you don't have one of these you must contact the clerk's office before your appointment.***
- Fee is \$40.00. We accept cash, check, credit card or money order.
- Please fill out the marriage license application(s), 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

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# 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

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