

TOWN OF RANDOLPH
APPLICATION FOR VITAL RECORD-MARRIAGE

Certificate Number Issued: _____

Date of Marriage: _____	Town or City of Marriage: _____
<u>Groom:</u> Name: _____	<u>Bride:</u> Name: _____
Date of Birth: _____	Date of Birth: _____
Name of Father: _____	Name of Father: _____
Name of Mother: _____	Name of Mother: _____

Your Name: _____	
Address: _____	
Town: _____	State: _____
Zip: _____	Phone: _____
Your relationship to person on marriage certificate: _____	
Intended use of certificate:	
_____ Proof of Marriage	_____ Family History
_____ Other (Specify): _____	
Signature: _____	Date: _____