MARRIAGE REQUEST FORM

Please print out this form and return to:
City Clerk’s Office
536 Dwight St
Holyoke MA  01040

Requests submitted through the mail, will be processed on the date they are received.

NAME OF PARTY

____________________________________________________________________________________

First                             Middle                                   Last

NAME OF PARTY

____________________________________________________________________________________

DATE OF MARRIAGE

____________________________________________________________________________________

CITY OR TOWN OF MARRIAGE

____________________________________________________________________________________

Signature of Requester

____________________________________________________________________________________

Daytime Telephone Number

____________________________________________________________________________________

Return Mailing Address

____________________________________________________________________________________

*Payment may be made by check or money order payable to Holyoke City Clerk
*Certified copies are $10.00; please enclose a self addressed stamped envelope for each transaction through the mail
*NOTE: Some records are restricted or impounded and access may be denied. Please enclose a copy of a government issued ID.