Notice to Town and City Clerks. This form is to be used only by town and city clerks for making copie of marriage records to be filed with county clerks. It must not be given to applicants for marriage license	
or used by clergymen or magistrates for the certific	ation of a marriage.
PLACE OF REGISTRY	YORK STATE DEPARTMENT OF HEALTH
County of Spertin	Division of Vital Statistics
Town or City of mury my MARRIA	GE LICENSE Registered No0
	any person authorized by law to perform marriage cere-
	ay come, he, not knowing any lawful impediment thereto.
is hereby authorized and empowered to solemnize the	
	of Coming the
/// /-	1///
	d state of New York and
Celizabyth Kusly	L /
parties or either of them under his hand and seal is required to return his certificate in the form hereto	and state of New York and the certify the same to be said in his ministerial or official capacity and thereupon he is annexed. The statements endorsed hereon or annexed extract of all the facts concerning such parties disclosed to me upon the application for this license.
In Testimony Wherent, I have hereunto se	t my hand and affixed the seal of said Town or City at
to oming my , this	day of fully
nineteen hundred and furnly fline	Art (1)
· · · · · ·	Il Seprorder
SEAL }	1:11
) SEAL	acy
	Clerk facts disclosed by the above-named applicants in their verified
Full name Manual True Colons for	Full name war aligabet took
Color While	Color While Em
Place of residence /6 W affect address	Place of residence // 4 Place address
(clfy, town or village)	City town or village
Age 25 Date of birth Que 6-1903	Age Date of birth 1916
Occupation the 17th Calianic	a Occupation Seeling think
Place of birth 6 ming my	O Place of birth Colning Wy
Name_of father/	U Name of father
andrew Dontas	Char Kinly
Country of birth black Storakes	Country of birth Chuh Morahia
Maiden name of mothes	Ш Maiden name of mother
Huge Dubyste	I Mary Kuener.
and the state of t	O Company Character Marches
Country of birth	Country of birth
Number of proposed marriage	> Number of proposed marriage
I have not to my knowledge been infected with any venereal disease, or if I have been so infected within five years I have had a laboratory test within that period which shows that I am now free from infection from any such disease.	Z disease, or if I have been so infected within five years I have had a laboratory test within that period which shows
Pormer wife or wives	O Former husband or husbands
living or dead	O living or dead.
Is applicant a divorced person.	
If so, when and where, and against whom divorce	
[10] [10] - [10] [10] [10] [10] [10] [10] [10] [10]	or divorces were granted
or divorces were granted	
I declare that no legal impediment exists as to my	I declare that no legal impediment exists as to my

- FUTURE ADDRESS (Enter here EXACT FUTURE ADDRESS after marriage if known)

(city, town or village)

(state)