



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.**