

STATE OF NEW YORK MARRIAGE INFORMATION

WEDDING DATE: _____

NEW MAILING ADDRESS:

TIME of WEDDING: _____

PLACE of CEREMONY:

TOWN/CITY AND STATE

Documents presented at time of application:

_____ Birth Certificate

_____ Birth Certificate

_____ Passport

_____ Passport

_____ Driver's License

_____ Driver's License

FROM THE GROOM

FROM THE BRIDE

1. A. FULL NAME
FIRST MIDDLE CURRENT SURNAME
B. BIRTH NAME, IF DIFFERENT _____
C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE) _____
D. SOCIAL SECURITY NUMBER _____

2. RESIDENCE A. _____ B. _____
(STATE) (COUNTY)
C. CHECK ONE AND SPECIFY CITY TOWN VILLAGE
D. STREET ADDRESS _____ ZIP _____
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO

3. A. AGE _____ 3B. DATE OF BIRTH _____
MONTH DAY YEAR

4. EMPLOYMENT
A. USUAL OCCUPATION _____
B. TYPE OF INDUSTRY OR BUSINESS _____

5. PLACE OF BIRTH _____
(CITY, STATE / COUNTRY IF NOT USA)

6. FATHER
A. NAME _____
B. COUNTRY OF BIRTH _____

7. MOTHER
A. MAIDEN NAME _____
B. COUNTRY OF BIRTH _____

8. NUMBER OF THIS MARRIAGE _____

9. PREVIOUS MARRIAGES
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY
DIVORCE CIVIL ANNULMENT DEATH
B. HOW DID LAST MARRIAGE END? (3) DIVORCE (3) ANNULMENT (2) DEATH
C. DATE LAST MARRIAGE ENDED? _____
MONTH DAY YEAR
D. ARE ANY FORMER SPOUSE(S) ALIVE? YES NO

10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION
DATE OF DECREE PLACE ISSUED AGAINST WHOM
(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE

1ST _____	<input type="checkbox"/>	<input type="checkbox"/>
2ND _____	<input type="checkbox"/>	<input type="checkbox"/>
3RD _____	<input type="checkbox"/>	<input type="checkbox"/>
4TH _____	<input type="checkbox"/>	<input type="checkbox"/>

11. A. FULL NAME
FIRST MIDDLE CURRENT SURNAME
B. BIRTH NAME (MAIDEN NAME), IF DIFFERENT _____
C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE) _____
D. SOCIAL SECURITY NUMBER _____

12. RESIDENCE A. _____ B. _____
(STATE) (COUNTY)
C. CHECK ONE AND SPECIFY CITY TOWN VILLAGE
D. STREET ADDRESS _____ ZIP _____
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO

13. A. AGE _____ 3B. DATE OF BIRTH _____
MONTH DAY YEAR

14. EMPLOYMENT
A. USUAL OCCUPATION _____
B. TYPE OF INDUSTRY OR BUSINESS _____

15. PLACE OF BIRTH _____
(CITY, STATE / COUNTRY IF NOT USA)

16. FATHER
A. NAME _____
B. COUNTRY OF BIRTH _____

17. MOTHER
A. MAIDEN NAME _____
B. COUNTRY OF BIRTH _____

18. NUMBER OF THIS MARRIAGE _____

19. PREVIOUS MARRIAGES
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY
DIVORCE CIVIL ANNULMENT DEATH
B. HOW DID LAST MARRIAGE END? (3) DIVORCE (3) ANNULMENT (2) DEATH
C. DATE LAST MARRIAGE ENDED? _____
MONTH DAY YEAR
D. ARE ANY FORMER SPOUSE(S) ALIVE? YES NO

20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION
DATE OF DECREE PLACE ISSUED AGAINST WHOM
(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE

1ST _____	<input type="checkbox"/>	<input type="checkbox"/>
2ND _____	<input type="checkbox"/>	<input type="checkbox"/>
3RD _____	<input type="checkbox"/>	<input type="checkbox"/>
4TH _____	<input type="checkbox"/>	<input type="checkbox"/>

I duly swear/affirm, depose and say, that to the best of my knowledge and belief that the information I provided is true and that I declare that no legal impediment exists as to my right to enter into the marriage state.

21. SIGNATURE OF GROOM _____ USE CURRENT NAME

22. SIGNATURE OF BRIDE _____ USE CURRENT NAME

23. SUBSCRIBED AND SWORN TO/AFFIRMED BEFORE ME
SIGNATURE OF TOWN OR CITY CLERK _____

DATE _____

AFFIDAVIT

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT

ZIP

STATE

CITY/TOWN/VILLAGE

STREET AND NUMBER