

STATE OF NEW YORK MARRIAGE INFORMATION

WEDDING
DATE: _____

NEW MAILING ADDRESS:

TIME of
WEDDING: _____

PLACE of
CEREMONY:

TOWN/CITY AND STATE

PHONE NUMBER

Documents presented at time of application:

_____ Birth Certificate
_____ Passport
_____ Driver's License

_____ Birth Certificate
_____ Passport
_____ Driver's License

AFFIDAVIT

BRIDE/GROOM/SPOUSE			
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 <input type="checkbox"/>	TOWN <input type="checkbox"/>	VILLAGE <input type="checkbox"/>	
D. STREET ADDRESS _____ ZIP _____			
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. A. AGE _____		B. DATE OF BIRTH _____	
		MM/DD/YYYY	
C. SEX (OPTIONAL) _____			
4. EMPLOYMENT			
A. USUAL OCCUPATION _____			
B. TYPE OF INDUSTRY OR BUSINESS _____			
5. PLACE OF BIRTH _____			
(CITY, STATE / COUNTRY, IF NOT USA)			
6. FATHER OR PARENT			
A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____			
B. COUNTRY OF BIRTH _____			
7. MOTHER OR PARENT			
A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____			
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? DIVORCE <input type="checkbox"/> (1) ANNULMENT <input type="checkbox"/> (2) DEATH <input type="checkbox"/> (2)			
C. DATE LAST MARRIAGE ENDED? _____			
MM/DD/YYYY			
D. ARE ANY FORMER SPOUSE(S) ALIVE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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"/>

BRIDE/GROOM/SPOUSE			
11. A. FULL NAME _____			
FIRST	MIDDLE	CURRENT SURNAME	
B. BIRTH 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 <input type="checkbox"/>	TOWN <input type="checkbox"/>	VILLAGE <input type="checkbox"/>	
D. STREET ADDRESS _____ ZIP _____			
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
13. A. AGE _____		B. DATE OF BIRTH _____	
		MM/DD/YYYY	
C. SEX (OPTIONAL) _____			
14. EMPLOYMENT			
A. USUAL OCCUPATION _____			
B. TYPE OF INDUSTRY OR BUSINESS _____			
15. PLACE OF BIRTH _____			
(CITY, STATE / COUNTRY, IF NOT USA)			
16. FATHER OR PARENT			
A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____			
B. COUNTRY OF BIRTH _____			
17. MOTHER OR PARENT			
A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____			
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? DIVORCE <input type="checkbox"/> (1) ANNULMENT <input type="checkbox"/> (2) DEATH <input type="checkbox"/> (2)			
C. DATE LAST MARRIAGE ENDED? _____			
MM/DD/YYYY			
D. ARE ANY FORMER SPOUSE(S) ALIVE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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"/>