

COUNTY _____
CITY/TOWN _____
DISTRICT NUMBER _____
REGISTER NUMBER _____
NUMBER _____

STATE OF NEW YORK DEPARTMENT OF HEALTH AFFIDAVIT, LICENSE and CERTIFICATE OF MARRIAGE

STATE FILE NUMBER (THIS SPACE FOR STATE USE ONLY)

SUPPLEMENTAL FILE _____

BRIDE/GROOM/SPOUSE

BRIDE/GROOM/SPOUSE

1. A. CURRENT FIRST NAME _____
CURRENT MIDDLE NAME _____
CURRENT SURNAME _____
B. BIRTH SURNAME, IF DIFFERENT _____
* CHANGING MIDDLE AND/OR SURNAME UPON MARRIAGE IS OPTIONAL, SEE BACK FOR INFORMATION.
* C. MIDDLE NAME AFTER MARRIAGE (IF CHANGING) _____
* D. SURNAME AFTER MARRIAGE (IF CHANGING) _____
E. SOCIAL SECURITY NUMBER _____

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

3. A. AGE _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____
MM/DD/YYYY

4. EMPLOYMENT USUAL OCCUPATION _____

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

6. FATHER OR PARENT
A. NAME (ON CURRENT BIRTH CERTIFICATE) _____
B. COUNTRY OF BIRTH _____

7. MOTHER OR PARENT
A. NAME (ON CURRENT BIRTH CERTIFICATE) _____
B. COUNTRY OF BIRTH _____

8. NUMBER OF THIS MARRIAGE: _____ 9. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY
DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____

9. B. HOW DID LAST MARRIAGE END? DIVORCE (3) ANNULMENT (3) DEATH (2)
C. DATE LAST MARRIAGE ENDED? _____
MM/DD/YYYY
D. ARE ANY FORMER SPOUSE(S) ALIVE? YES NO

10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION

DATE OF DECREE (MONTH, DAY, YEAR)	PLACE ISSUED (CITY/COUNTY, STATE or COUNTRY, IF NOT USA)	AGAINST WHOM 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. CURRENT FIRST NAME _____
CURRENT MIDDLE NAME _____
CURRENT SURNAME _____
B. BIRTH SURNAME, IF DIFFERENT _____
* CHANGING MIDDLE AND/OR SURNAME UPON MARRIAGE IS OPTIONAL, SEE BACK FOR INFORMATION.
* C. MIDDLE NAME AFTER MARRIAGE (IF CHANGING) _____
* D. SURNAME AFTER MARRIAGE (IF CHANGING) _____
E. SOCIAL SECURITY NUMBER _____

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

13. A. AGE _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____
MM/DD/YYYY

14. EMPLOYMENT USUAL OCCUPATION _____

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

16. FATHER OR PARENT
A. NAME (ON CURRENT BIRTH CERTIFICATE) _____
B. COUNTRY OF BIRTH _____

17. MOTHER OR PARENT
A. NAME (ON CURRENT BIRTH CERTIFICATE) _____
B. COUNTRY OF BIRTH _____

18. NUMBER OF THIS MARRIAGE: _____ 19. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY
DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____

19. B. HOW DID LAST MARRIAGE END? DIVORCE (3) ANNULMENT (3) DEATH (2)
C. DATE LAST MARRIAGE ENDED? _____
MM/DD/YYYY
D. ARE ANY FORMER SPOUSE(S) ALIVE? YES NO

20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION

DATE OF DECREE (MONTH, DAY, YEAR)	PLACE ISSUED (CITY/COUNTY, STATE or COUNTRY, IF NOT USA)	AGAINST WHOM 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"/>

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT

ZIP

STATE

CITY / TOWN / VILLAGE

AFFIDAVIT


STREET AND NUMBER

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 ► _____ 22. SIGNATURE ► _____
USE CURRENT NAME USE CURRENT NAME

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

This license authorizes the marriage in New York State of the parties named above by any person authorized by New York State Domestic Relations Law §11 to perform marriage ceremonies within New York State. THIS LICENSE VALID IN NEW YORK STATE ONLY.
 If checked, this license is to be used only for the purpose of a second or subsequent ceremony.

	24. TOWN OR CITY CLERK NAME (PRINT) _____ SIGNATURE ► _____ DATE _____ MAILING ADDRESS: _____ STREET _____ CITY/TOWN _____ STATE _____ ZIP _____	25. A. SOLEMNIZATION PERIOD BEGINS TIME _____ MONTH _____ DAY _____ YEAR _____ AM _____ PM _____	25. B. SOLEMNIZATION PERIOD ENDS AT MIDNIGHT ON: MONTH _____ DAY _____ YEAR _____
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I CERTIFY THAT I SOLEMNIZED THE MARRIAGE OF THE PARTIES NAMED ABOVE ON THE DATE AND AT THE TIME AND PLACE INDICATED.

26. SOLEMNIZATION OCCURRED				27. TYPE OF CEREMONY	
TIME	MONTH	DAY	YEAR	0 <input type="checkbox"/> RELIGIOUS	1 <input type="checkbox"/> CIVIL
AM _____ PM _____	_____	_____	_____	9 <input type="checkbox"/> OTHER, SPECIFY _____	

28. PLACE WHERE MARRIAGE OCCURRED
A. STATE NEW YORK
B. COUNTY _____
C. LOCATION OF CEREMONY (CHECK ONE AND SPECIFY)
CITY TOWN VILLAGE
OF (SPECIFY) _____ NAME OF LOCALITY _____

29. OFFICIANT
NAME (PRINT) _____ TITLE _____
SIGNATURE ► _____ DATE _____
MAILING ADDRESS: _____
STREET _____ CITY/TOWN _____ STATE _____ ZIP _____

30. WITNESS TO CEREMONY
NAME (PRINT) _____
SIGNATURE ► _____

31. WITNESS TO CEREMONY
NAME (PRINT) _____
SIGNATURE ► _____

NOTE: OFFICIANT MUST RETURN LICENSE TO ISSUING CLERK WITHIN FIVE (5) DAYS OF SOLEMNIZATION.

LICENSE

CERTIFICATE