

**MARRIAGE LICENSE**  
**APPLICANT INFORMATION FORM**

**PLEASE CHECK ONE:**

BRIDE \_\_\_\_\_ GROOM \_\_\_\_\_ SPOUSE \_\_\_\_\_

1. FULL NAME

\_\_\_\_\_

FIRST                      MIDDLE                      CURRENT SURNAME (LAST NAME)

2. SOCIAL SECURITY NUMBER \_\_\_\_\_

3. SURNAME(last name) YOU WILL TAKE AFTER MARRIAGE \_\_\_\_\_

4. BIRTH NAME, IF DIFFERENT \_\_\_\_\_

5. ADDRESS:

\_\_\_\_\_

(STREET NUMBER, STREET NAME, CITY, TOWN OR VILLAGE, STATE AND ZIP CODE)

*EXAMPLE: 123 BROWN STREET, BALDWINVILLE, NY 13027)*

ADDRESS AFTER MARRIAGE (TO MAIL MARRIAGE CERTIFICATE TO): \_\_\_\_\_

\_\_\_\_\_

6. SPECIFY THE NAME OF THE MUNICIPALITY/JURISDICTION YOU LIVE IN:

TOWN \_\_\_\_\_ VILLAGE \_\_\_\_\_ CITY \_\_\_\_\_

7. PHONE NUMBER: \_\_\_\_\_

8. IS RESIDENCE WITHIN LIMITS OF INCORPORATED VILLAGE OR CITY? Yes \_\_\_\_\_ No \_\_\_\_\_

9. SPECIFY THE NAME OF COUNTY YOU LIVE IN: \_\_\_\_\_

10. DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

11. PLACE OF BIRTH \_\_\_\_\_  
(city, state/country if not USA)

12. USUAL OCCUPATION: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

**PARENT'S INFORMATION:**

*FATHER'S FULL NAME (INCLUDE MIDDLE NAME)* \_\_\_\_\_

*FATHER'S COUNTRY OF BIRTH* \_\_\_\_\_

*MOTHER'S FULL NAME (INCLUDE MIDDLE & ONLY MAIDEN NAME)*

*MOTHER'S COUNTRY OF BIRTH* \_\_\_\_\_

**PREVIOUS MARRIAGES:** *Please note that you must furnish proof that a previous marriage has been dissolved by showing a certified copy of a divorce decree, certificate of dissolution of marriage, or other certified document that would indicate you are no longer married.*

WHAT NUMBER OF MARRIAGE IS THIS? \_\_\_\_\_

NUMBER OF PREVIOUS MARRIAGES, WHICH ENDED BY:

\_\_\_\_\_  
DIVORCE

\_\_\_\_\_  
ANNULMENT

\_\_\_\_\_  
DEATH

HOW DID LAST MARRIAGE END?

\_\_\_\_\_  
DIVORCE

\_\_\_\_\_  
ANNULMENT

\_\_\_\_\_  
DEATH

DATE LAST MARRIAGE ENDED? \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

ARE ANY FORMER SPOUSE(S) ALIVE? Yes \_\_\_\_\_ No \_\_\_\_\_

**IF PREVIOUSLY DIVORCED, PROVIDE THE FOLLOWING INFORMATION:**

*DATE OF DECREE*  
(Month, Day, Year)

*PLACE ISSUED*  
(City, State/Country if not USA)

*AGAINST WHOM*  
SELF or SPOUSE

1st \_\_\_\_\_

2nd \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

4<sup>th</sup> \_\_\_\_\_

**"I, BEING DULY SWORN, DEPOSE AND SAY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT AS TO MY RIGHT TO ENTER INTO THE MARRIAGE STATE, THE INFORMATION I PROVIDED IS TRUE AND THAT I DECLARE THAT NO LEGAL IMPEDIMENT EXISTS."**

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATED: \_\_\_\_\_

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1. FULL NAME

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FIRST                      MIDDLE                      CURRENT SURNAME (LAST NAME)

10. SOCIAL SECURITY NUMBER \_\_\_\_\_

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14. SPECIFY THE NAME OF THE MUNICIPALITY/JURISDICTION YOU LIVE IN:

TOWN \_\_\_\_\_ VILLAGE \_\_\_\_\_ CITY \_\_\_\_\_

15. PHONE NUMBER: \_\_\_\_\_

16. IS RESIDENCE WITHIN LIMITS OF INCORPORATED VILLAGE OR CITY? Yes \_\_\_\_\_ No \_\_\_\_\_

17. SPECIFY THE NAME OF COUNTY YOU LIVE IN: \_\_\_\_\_

10. DATE OF BIRTH \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

13. PLACE OF BIRTH \_\_\_\_\_  
(City, State/Country if not USA)

14. USUAL OCCUPATION: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

