

Dina Falcone
Town Clerk

Town of Lysander

Janet Falconer
Deputy

Bride/Groom/ Spouse (circle one *Optional*)

Name (*First, Middle, Last*) _____ Social Security # _____ - _____ - _____

Birth Name (last) _____ Last Name after marriage (if different) _____

Address _____ Phone _____
(*house number, street name, city, town or village, state and zip code*)

County _____ city _____ town _____ village _____ (check one) Specify _____

Address after Marriage if different: _____
(*house number, street name, city, town or village, state and zip code*)

Age _____ DOB ____/____/____ Place of Birth _____

Occupation _____ Industry _____

Father (First Middle Last) _____ Country of Birth _____

Mother (First Middle *Maiden*) _____ Country of Birth _____

Number of this Marriage _____ If this is not your first marriage please supply *any and all original or certified copies of divorce decree(s) with filing date stamp and/or a death certificate*

Bride/Groom/ Spouse (circle one *Optional*)

Name (*First, Middle, Last*) _____ Social Security # _____ - _____ - _____

Birth Name (last) _____ Last Name after marriage (if different) _____

Address _____ Phone _____
(*house number, street name, city, town or village, state and zip code*)

County _____ city _____ town _____ village _____ (check one) Specify _____

Address after Marriage if different: _____
(*house number, street name, city, town or village, state and zip code*)

Age _____ DOB ____/____/____ Place of Birth _____

Occupation _____ Industry _____

Father (First Middle Last) _____ Country of Birth _____

Mother (First Middle *Maiden*) _____ Country of Birth _____

Number of this Marriage _____ If this is not your first marriage please supply *any and all original or certified copies of divorce decree(s) with filing date stamp and/or a death certificate*