

Dina Falcone  
Town Clerk

# Town of Lysander

Janet Falconer, Deputy  
Terrie Massaro, Deputy

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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*

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