

STATE OF NEW YORK

DEPARTMENT OF HEALTH

AFFIDAVIT, LICENSE and CERTIFICATE OF MARRIAGE

STATE FILE NUMBER
(THIS SPACE FOR STATE USE ONLY)

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

SUPPLEMENTAL FILE

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 TOWN VILLAGE

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
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 (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 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 TOWN VILLAGE

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
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 (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 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"/>

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 ▶ _____

23. SUBSCRIBED AND SWORN TO/AFFIRMED BEFORE ME
SIGNATURE OF TOWN OR CITY CLERK ▶ _____ DATE _____
USE CURRENT NAME

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 ▶ _____

MAILING ADDRESS: _____

STREET _____

CITY/TOWN _____

STATE _____

ZIP _____

25. A. SOLEMNIZATION PERIOD BEGINS

25. B. SOLEMNIZATION PERIOD ENDS AT MIDNIGHT ON:

TIME	MONTH	DAY	YEAR	MONTH	DAY	YEAR
AM PM						

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

TIME	MONTH	DAY	YEAR
AM PM			

27. TYPE OF CEREMONY

0 RELIGIOUS 1 CIVIL
9 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 _____

30. WITNESS TO CEREMONY

NAME (PRINT) _____

SIGNATURE ▶ _____

31. WITNESS TO CEREMONY

NAME (PRINT) _____

SIGNATURE ▶ _____

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT

ZIP STATE CITY / TOWN / VILLAGE STREET AND NUMBER

AFFIDAVIT

LICENSE

CERTIFICATE



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