

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

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT

	BRIDE/GROOM/SPOUSE		BRIDE/GROOM/SPOUSE
AFFIDAVIT	1. A. FULL NAME FIRST _____ MIDDLE _____ CURRENT SURNAME _____ B. BIRTH NAME, IF DIFFERENT _____ C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE) _____ D. SOCIAL SECURITY NUMBER _____	CITY / TOWN / VILLAGE	11. 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 <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> D. STREET ADDRESS _____ ZIP _____ E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES <input type="checkbox"/> NO <input type="checkbox"/>		12. RESIDENCE A. _____ B. _____ (STATE) _____ (COUNTY) C. CHECK ONE AND SPECIFY CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> D. STREET ADDRESS _____ ZIP _____ E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES <input type="checkbox"/> NO <input type="checkbox"/>
	3. A. AGE _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____ MM/DD/YYYY		13. A. AGE _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____ MM/DD/YYYY
	4. EMPLOYMENT A. USUAL OCCUPATION _____ B. TYPE OF INDUSTRY OR BUSINESS _____		14. EMPLOYMENT A. USUAL OCCUPATION _____ B. TYPE OF INDUSTRY OR BUSINESS _____
	5. PLACE OF BIRTH _____ (CITY, STATE / COUNTRY, IF NOT USA)		15. PLACE OF BIRTH _____ (CITY, STATE / COUNTRY, IF NOT USA)
	6. FATHER OR PARENT A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____ B. COUNTRY OF BIRTH _____		16. 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 _____		17. MOTHER OR PARENT A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____ B. COUNTRY OF BIRTH _____
	8. NUMBER OF THIS MARRIAGE _____		18. 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 <input type="checkbox"/> (3) ANNULMENT <input type="checkbox"/> (3) DEATH <input type="checkbox"/> (2) C. DATE LAST MARRIAGE ENDED? _____ MM/DD/YYYY		19. PREVIOUS MARRIAGES A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____ B. HOW DID LAST MARRIAGE END? DIVORCE <input type="checkbox"/> (3) ANNULMENT <input type="checkbox"/> (3) DEATH <input type="checkbox"/> (2) C. DATE LAST MARRIAGE ENDED? _____ MM/DD/YYYY
	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"/>		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 _____ USE CURRENT NAME
22. SIGNATURE _____ 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 TIME _____ MONTH _____ DAY _____ YEAR _____ AM _____ PM _____	27. TYPE OF CEREMONY 0 <input type="checkbox"/> RELIGIOUS 1 <input type="checkbox"/> CIVIL 9 <input type="checkbox"/> OTHER, SPECIFY _____	28. PLACE WHERE MARRIAGE OCCURRED A. STATE <u>NEW YORK</u> B. COUNTY _____
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29. OFFICIANT NAME (PRINT) _____ TITLE _____ SIGNATURE _____ DATE _____ MAILING ADDRESS: _____ STREET _____ CITY/TOWN _____ STATE _____ ZIP _____	C. LOCATION OF CEREMONY (CHECK ONE AND SPECIFY) CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> OF (SPECIFY) _____ NAME OF LOCALITY _____
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30. WITNESS TO CEREMONY NAME (PRINT) _____ SIGNATURE _____	31. WITNESS TO CEREMONY NAME (PRINT) _____ SIGNATURE _____
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NOTE: OFFICIANT MUST RETURN LICENSE TO ISSUING CLERK WITHIN FIVE (5) DAYS OF SOLEMNIZATION.

LICENSE

CERTIFICATE

Attention:

Applicants

Social Security Numbers

Social Security Numbers of the applicants are mandatory. They are required by New York State Domestic Relations Law Section 15 and 42 U.S.C. 666(a). They may be used for child support enforcement purposes.

Notice:

If either or both parties wish to change the surname by which he or she is known after marriage, please review the information below and then complete item 1C and/or 11C on the front side of this record.

- (1) Every person has the right to adopt any name by which he or she wishes to be known simply by using that name consistently and without intent to defraud.
- (2) A person's last name (surname) does not automatically change upon marriage, and neither party to the marriage must change his or her last name. Parties to a marriage need not have the same last name.
- (3) One or both parties to a marriage may elect to change the surname by which he or she wishes to be known after the solemnization of the marriage by entering the new name in the appropriate space provided in the Affidavit Section of this application. Such entry shall consist of one of the following surnames:
 - (i) the surname of the other spouse; or
 - (ii) any former surname of either spouse; or
 - (iii) a name combining into a single surname all or a segment of the premarriage surname or any former surname of each spouse; or
 - (iv) a combination name separated by a hyphen, provided that each part of such combination surname is the premarriage surname, or any former surname, of each of the spouses.
- (4) The use of this option will have the effect of providing a record of the change of name. The marriage certificate, containing the new name, if any, constitutes proof that the use of the new name, or the retention of the former name, is lawful.
- (5) Neither the use of, nor the failure to use, this option of selecting a new surname by means of this application abrogates the right of each person to adopt a different name through usage at some future date.

Clerk

- All entries must be typed or printed.
- Applicants must provide all information in the affidavit section.
- Issue original to couple after making a photocopy.
- Retain photocopy until original copy is returned by the officiant.