

STATE OF NEW YORK DEPARTMENT OF HEALTH AFFIDAVIT, LICENSE and CERTIFICATE OF MARRIAGE

COUNTY CITY/TOWN DISTRICT NUMBER REGISTER NUMBER

SUPPLEMENTAL FILE

BRIDE/GROOM/SPOUSE

BRIDE/GROOM/SPOUSE

1. A. CURRENT FIRST NAME CURRENT MIDDLE NAME CURRENT SURNAME B. BIRTH SURNAME, IF DIFFERENT * CHANGING MIDDLE AND/OR SURNAME UPON MARRIAGE IS OPTIONAL, SEE BACK FOR INFORMATION. * C. MIDDLE NAME AFTER MARRIAGE (IF CHANGING) * D. SURNAME AFTER MARRIAGE (IF CHANGING) E. 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 MM/DD/YYYY C. SEX (OPTIONAL) 4. EMPLOYMENT USUAL OCCUPATION 5. PLACE OF BIRTH (CITY, STATE or COUNTRY, IF NOT USA) 6. FATHER OR PARENT A. NAME (ON CURRENT BIRTH CERTIFICATE) B. COUNTRY OF BIRTH 7. MOTHER OR PARENT A. NAME (ON CURRENT BIRTH CERTIFICATE) B. COUNTRY OF BIRTH 8. NUMBER OF THIS MARRIAGE: DIVORCE: CIVIL ANNULMENT: DEATH: 9. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY DIVORCE: (3) ANNULMENT: (3) DEATH: (2) B. HOW DID LAST MARRIAGE END? 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 or COUNTRY, IF NOT USA) SELF SPOUSE 1ST 2ND 3RD 4TH

11. A. CURRENT FIRST NAME CURRENT MIDDLE NAME CURRENT SURNAME B. BIRTH SURNAME, IF DIFFERENT * CHANGING MIDDLE AND/OR SURNAME UPON MARRIAGE IS OPTIONAL, SEE BACK FOR INFORMATION. * C. MIDDLE NAME AFTER MARRIAGE (IF CHANGING) * D. SURNAME AFTER MARRIAGE (IF CHANGING) E. 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 MM/DD/YYYY C. SEX (OPTIONAL) 14. EMPLOYMENT USUAL OCCUPATION 15. PLACE OF BIRTH (CITY, STATE or COUNTRY, IF NOT USA) 16. FATHER OR PARENT A. NAME (ON CURRENT BIRTH CERTIFICATE) B. COUNTRY OF BIRTH 17. MOTHER OR PARENT A. NAME (ON CURRENT BIRTH CERTIFICATE) B. COUNTRY OF BIRTH 18. NUMBER OF THIS MARRIAGE: DIVORCE: CIVIL ANNULMENT: DEATH: 19. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY DIVORCE: (3) ANNULMENT: (3) DEATH: (2) B. HOW DID LAST MARRIAGE END? 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 or COUNTRY, IF NOT USA) SELF SPOUSE 1ST 2ND 3RD 4TH

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

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

29. OFFICIANT NAME (PRINT) TITLE SIGNATURE DATE MAILING ADDRESS: STREET CITY/TOWN STATE ZIP 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

AFFIDAVIT

STREET AND NUMBER

LICENSE



CERTIFICATE

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