

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

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

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 _____ C. SEX (OPTIONAL) _____
MM/DD/YYYY

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: _____ 9. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY
DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____

9. 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 (MONTH, DAY, YEAR) | PLACE ISSUED (CITY/COUNTY, STATE or COUNTRY, IF NOT USA) | AGAINST WHOM 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"/> |

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 _____ C. SEX (OPTIONAL) _____
MM/DD/YYYY

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: _____ 19. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY
DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____

19. 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 (MONTH, DAY, YEAR) | PLACE ISSUED (CITY/COUNTY, STATE or COUNTRY, IF NOT USA) | AGAINST WHOM 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 ► _____
USE CURRENT NAME 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 | | | | 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 | | | | 27. TYPE OF CEREMONY | |
|----------------------------|-------|-----|------|---|--------------------------------|
| TIME | MONTH | DAY | YEAR | 0 | 1 |
| AM PM | | | | <input type="checkbox"/> RELIGIOUS | <input type="checkbox"/> CIVIL |
| | | | | <input type="checkbox"/> 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

STREET AND NUMBER

LICENSE

CERTIFICATE

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

