

**State of New York**  
**Application for Marriage License**

Date of Marriage: \_\_\_\_\_

**BRIDE/GROOM/SPOUSE INFORMATION: (please print)**

FULL NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

(First)                      (Middle)                      (Last)

SURNAME *AFTER* MARRIAGE: \_\_\_\_\_ MIDDLE NAME *AFTER* MARRIAGE: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ CITY \_\_\_\_ TOWN \_\_\_\_ VILLAGE \_\_\_\_ OF: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

IS RESIDENCE WITHIN LIMITS OF A CITY INCORPORATED VILLAGE? (CHECK ONE) \_\_\_\_ YES \_\_\_\_ NO

USUAL OCCUPATION: \_\_\_\_\_ TYPE OF BUSINESS OR INDUSTRY: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: (OPTIONAL) \_\_\_\_ M \_\_\_\_ F

PLACE OF BIRTH: \_\_\_\_\_ (CITY & STATE AS STATED ON BIRTH CERTIFICATE)

FATHER/PARENT FULL NAME: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

MOTHER/PARENT FULL NAME: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

**PREVIOUS MARRIAGE INFORMATION:**

NUMBER OF *THIS* MARRIAGE: \_\_\_\_\_

NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY: \_\_\_\_ DIVORCE \_\_\_\_ ANNULMENT \_\_\_\_ DEATH

HOW THE *LAST* MARRIAGE ENDED: (CHECK ONE) \_\_\_\_ DIVORCE \_\_\_\_ ANNULMENT \_\_\_\_ DEATH

DATE *LAST* MARRIAGE ENDED: \_\_\_\_\_ ANY FORMER SPOUSES STILL ALIVE: \_\_\_\_ YES \_\_\_\_ NO

***IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION:***

DATE OF DECREE: \_\_\_\_\_ PLACE ISSUED (COUNTY & STATE): \_\_\_\_\_ AGAINST WHOM: (CHECK ONE)

1<sup>ST</sup>: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_ SELF \_\_\_\_ SPOUSE

2<sup>ND</sup>: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_ SELF \_\_\_\_ SPOUSE

3<sup>RD</sup>: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_ SELF \_\_\_\_ SPOUSE

4<sup>TH</sup>: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_ SELF \_\_\_\_ SPOUSE

ACTIVE DUTY? \_\_\_\_ YES or \_\_\_\_ NO

**PLEASE LIST MAILING ADDRESS for mailing of certificate after solemnization occurs:**

\_\_\_\_\_

