NYS Marriage License Application
(Please print your information in the form below.)

Your Telephone Number: _____

FROM THE BRIDE/GROOM/SPOUSE	FROM THE BRIDE/GROOM/SPOUSE

1. Full Name: _____
First   Middle   Current Surname

Full Name: _____
First   Middle   Current Surname

Birth Name, If Different: _____

Birth Name, If Different: _____

Surname After Marriage: _____
(Optional)

Surname After Marriage: _____
(Optional)

Social Security Number: _____

Social Security Number: _____

Address: _____, _____
(Street)   (City)

Address: _____, _____
(Street)   (City)

_____, _____, _____
(State)   (County)   (Zip Code)

_____, _____, _____
(State)   (County)   (Zip Code)

Town/Village/City of Residence: _____
(Circle One)   (Note: This is not always the same as address.)

Town/Village/City of Residence: _____
(Circle One)   (Note: This is not always the same as address.)

Is residence within limits of City or Inc. Village? Yes _____ No _____

Is residence within limits of City or Inc. Village? Yes _____ No _____

Age: _____ Date of Birth: _____/_____/_____
Month   Day   Year

Age: _____ Date of Birth: _____/_____/_____
Month   Day.   Year

Usual Occupation: _____

Usual Occupation: _____

Type of Industry or Business: _____

Type of Industry or Business: _____

Place of Birth _____
(City, State / Country if Not USA)

Place of Birth _____
(City, State / Country if Not USA)

Name of Father or Parent (Maiden Name, if Applicable):

Name of Father or Parent (Maiden Name, if Applicable):

_____

_____

Country of Birth: _____

Country of Birth: _____

Name of Mother or Parent (Maiden Name, if Applicable):

Name of Mother or Parent (Maiden Name, if Applicable):

_____

_____

Country of Birth: _____

Country of Birth: _____

Number of this marriage: _____

Number of this marriage: _____

Number of previous marriages which ended by:

Number of previous marriages which ended by:

Divorce: _____ Annulment: _____ Death: _____

Divorce: _____ Annulment: _____ Death: _____

How did last marriage end? _____
(Divorce, Annulment or Death)

How did last marriage end? _____
(Divorce, Annulment or Death)

Date last marriage ended: _____

Date last marriage ended: _____

Are any former spouses alive? Yes _____ No _____

Are any former spouses alive? Yes _____ No _____

(If previously divorced, please provide the following information)

(If previously divorced, please provide the following information)

Date of Decree	Place Issued (City, State / Country if not USA)	Against Whom
___/___/___	_____	Self / Spouse
___/___/___	_____	Self / Spouse
___/___/___	_____	Self / Spouse

Date of Decree	Place Issued (City, State / Country if not USA)	Against Whom
___/___/___	_____	Self / Spouse
___/___/___	_____	Self / Spouse
___/___/___	_____	Self / Spouse

Future Address: _____
(For mailing of Certificate of Marriage following ceremony.)

APPLICATIONS FOR MARRIAGE LICENSES ARE PROCESSED MONDAY THRU FRIDAY FROM 9:00 AM TO 12:30 PM AND FROM 2:00 PM TO 3:30 PM ONLY. APPOINTMENTS FOR OTHER TIMES MAY BE ARRANGED BY CALLING IN ADVANCE AT (607) 775-1966.