

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. \_\_\_\_\_ (COUNTY)  
(STATE) (STATE)  
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. \_\_\_\_\_ (COUNTY)  
(STATE) (STATE)  
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"/>

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT

ZIP

STATE

CITY / TOWN / VILLAGE

## AFFIDAVIT

STREET AND NUMBER

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				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  
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 ► \_\_\_\_\_

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

## LICENSE

## CERTIFICATE