

# STATE OF NEW YORK

DEPARTMENT OF HEALTH

## AFFIDAVIT, LICENSE and CERTIFICATE OF MARRIAGE

STATE FILE NUMBER  
(THIS SPACE FOR STATE USE ONLY)

COUNTY \_\_\_\_\_  
CITY/TOWN \_\_\_\_\_  
DISTRICT NUMBER \_\_\_\_\_  
REGISTER NUMBER \_\_\_\_\_

SUPPLEMENTAL FILE

### BRIDE/GROOM/SPOUSE

### BRIDE/GROOM/SPOUSE

1. A. FULL NAME  
FIRST MIDDLE CURRENT SURNAME  
B. BIRTH NAME, IF DIFFERENT  
C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE)  
D. SOCIAL SECURITY NUMBER

2. RESIDENCE A. (STATE) B. (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  
A. USUAL OCCUPATION  
B. TYPE OF INDUSTRY OR BUSINESS

5. PLACE OF BIRTH (CITY, STATE / COUNTRY, IF NOT USA)

6. FATHER OR PARENT  
A. NAME (OR MAIDEN NAME, IF APPLICABLE)  
B. COUNTRY OF BIRTH

7. MOTHER OR PARENT  
A. NAME (OR MAIDEN NAME, IF APPLICABLE)  
B. COUNTRY OF BIRTH

8. NUMBER OF THIS MARRIAGE

9. PREVIOUS MARRIAGES  
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY  
DIVORCE: CIVIL ANNULMENT: DEATH:  
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 PLACE ISSUED AGAINST WHOM  
(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) 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. FULL NAME  
FIRST MIDDLE CURRENT SURNAME  
B. BIRTH NAME, IF DIFFERENT  
C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE)  
D. SOCIAL SECURITY NUMBER

12. RESIDENCE A. (STATE) B. (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  
A. USUAL OCCUPATION  
B. TYPE OF INDUSTRY OR BUSINESS

15. PLACE OF BIRTH (CITY, STATE / COUNTRY, IF NOT USA)

16. FATHER OR PARENT  
A. NAME (OR MAIDEN NAME, IF APPLICABLE)  
B. COUNTRY OF BIRTH

17. MOTHER OR PARENT  
A. NAME (OR MAIDEN NAME, IF APPLICABLE)  
B. COUNTRY OF BIRTH

18. NUMBER OF THIS MARRIAGE

19. PREVIOUS MARRIAGES  
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY  
DIVORCE: CIVIL ANNULMENT: DEATH:  
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 PLACE ISSUED AGAINST WHOM  
(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) 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  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

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) \_\_\_\_\_

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

### AFFIDAVIT

### LICENSE

### CERTIFICATE

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