

STATE OF NEW YORK

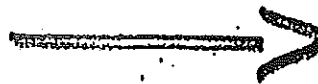
DEPARTMENT OF HEALTH

AFFIDAVIT, LICENSE and CERTIFICATE OF

Bride/Groom/Spouse **MARRIAGE**

Bride/Groom/Spouse

STATE FILE NUMBER
(THIS SPACE FOR STATE USE ONLY)



FUTURE ADDRESS

PLANNED DATE OF WEDDING

MARRIAGE PERFORMED BY:
(NAME & ADDRESS)

(PHONE NUMBER)

PLEASE NOTE: IF DIVORCED, MUST SUBMIT CERTIFIED COPY OF DIVORCE DECREE (S).

WORK &
HOME PHONE #'S
WORK &
HOME PHONE #'S

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. _____ D. _____
(STATE) (COUNTY)
C. CHECK ONE CITY TOWN VILLAGE
AND SPECIFY _____
D. STREET ADDRESS _____ ZIP _____
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO

3. A. AGE _____ 3B. DATE OF BIRTH _____
MONTH DAY YEAR

4. EMPLOYMENT
A. USUAL OCCUPATION _____
B. TYPE OF INDUSTRY OR BUSINESS _____

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

6. FATHER
A. NAME _____
B. COUNTRY OF BIRTH _____

7. MOTHER
A. MAIDEN NAME _____
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? (3) DIVORCE (3) ANNULMENT (2) DEATH

C. DATE LAST MARRIAGE ENDED? _____
MONTH DAY YEAR

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, STATE/COUNTRY, IF NOT USA) SELF SPOUSE

1ST _____

2ND _____

3RD _____

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

12. RESIDENCE A. _____ D. _____
(STATE) (COUNTY)
C. CHECK ONE CITY TOWN VILLAGE
AND SPECIFY _____
D. STREET ADDRESS _____ ZIP _____
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO

13. A. AGE _____ 13.B. DATE OF BIRTH _____
MONTH DAY YEAR

14. EMPLOYMENT
A. USUAL OCCUPATION _____
B. TYPE OF INDUSTRY OR BUSINESS _____

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

16. FATHER
A. NAME _____
B. COUNTRY OF BIRTH _____

17. MOTHER
A. MAIDEN NAME _____
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? (3) DIVORCE (3) ANNULMENT (2) DEATH

C. DATE LAST MARRIAGE ENDED? _____
MONTH DAY YEAR

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, STATE/COUNTRY, IF NOT USA) SELF SPOUSE

1ST _____

2ND _____

3RD _____