STATE OF NEW YORK
DEPARTMENT OF HEALTH

AFFIDAVIT, LICENSE and CERTIFICATE OF MARRIAGE

STATE FILE NUMBER
(THIS SPACE FOR STATE USE ONLY)

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 _____ 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 ANNULED, PROVIDE THE FOLLOWING INFORMATION

	DATE OF DECREE (MONTH, DAY, YEAR)	PLACE ISSUED (CITY, STATE/COUNTRY, IF NOT USA)	AGAINST WHOM 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. _____ (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 _____ 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 ANNULED, PROVIDE THE FOLLOWING INFORMATION

	DATE OF DECREE (MONTH, DAY, YEAR)	PLACE ISSUED (CITY, STATE/COUNTRY, IF NOT USA)	AGAINST WHOM SELF	SPOUSE
1ST			☐	☐
2ND			☐	☐
3RD			☐	☐

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

MARRIAGE PERFORMED BY: _____ (NAME & ADDRESS) (PHONE NUMBER)

PLANNED DATE OF WEDDING _____

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

FUTURE ADDRESS _____