

STATE OF NEW YORK

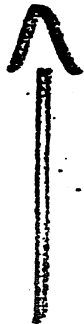
DEPARTMENT OF HEALTH

AFFIDAVIT, LICENSE and CERTIFICATE OF MARRIAGE

Bride/Groom/Spouse

Bride/Groom/Spouse

STATE FILE NUMBER
(THIS SPACE FOR STATE USE ONLY)



FUTURE ADDRESS

PLANNED DATE OF WEDDING

WORK &

HOME PHONE #'s

WORK &

HOME PHONE #'s

MARRIAGE PERFORMED BY:

(NAME & ADDRESS)

(PHONE NUMBER)

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

1. 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

2. RESIDENCE A. (STATE) B. (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 WHICH ENDED BY CIVIL ANNULMENT DIVORCE DEATH

A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY CIVIL ANNULMENT DIVORCE DEATH

B. HOW DID LAST MARRIAGE END? (1) ☐ DIVORCE (2) ☐ ANNULMENT (3) ☐ 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 AGAINST WHOM DATE OF DECREE PLACE ISSUED (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. (STATE) B. (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 13B. 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 WHICH ENDED BY CIVIL ANNULMENT DIVORCE DEATH

A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY CIVIL ANNULMENT DIVORCE DEATH

B. HOW DID LAST MARRIAGE END? (1) ☐ DIVORCE (2) ☐ ANNULMENT (3) ☐ 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 AGAINST WHOM DATE OF DECREE PLACE ISSUED (MONTH, DAY, YEAR) (CITY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE

1ST ☐ ☐ ☐

2ND ☐ ☐ ☐

3RD ☐ ☐ ☐