

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 _____

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT

| | BRIDE/GROOM/SPOUSE | | BRIDE/GROOM/SPOUSE |
|--|--|--|--|
| AFFIDAVIT | 1. A. FULL NAME FIRST MIDDLE CURRENT SURNAME | | 11. A. FULL NAME FIRST MIDDLE CURRENT SURNAME |
| | B. BIRTH NAME, IF DIFFERENT | | B. BIRTH NAME, IF DIFFERENT |
| | C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE) | | C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE) |
| | D. SOCIAL SECURITY NUMBER | | D. SOCIAL SECURITY NUMBER |
| | 2. RESIDENCE A. _____ B. _____ (STATE) (COUNTY) | | 12. RESIDENCE A. _____ B. _____ (STATE) (COUNTY) |
| | C. CHECK ONE CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> AND SPECIFY _____ | | C. CHECK ONE CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> AND SPECIFY _____ |
| | D. STREET ADDRESS _____ ZIP _____ | | D. STREET ADDRESS _____ ZIP _____ |
| | E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES <input type="checkbox"/> NO <input type="checkbox"/> | | E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | 3. A. AGE _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____ MM/DD/YYYY | | 13. A. AGE _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____ MM/DD/YYYY |
| | 4. EMPLOYMENT | | 14. EMPLOYMENT |
| | A. USUAL OCCUPATION _____ | | A. USUAL OCCUPATION _____ |
| | B. TYPE OF INDUSTRY OR BUSINESS _____ | | B. TYPE OF INDUSTRY OR BUSINESS _____ |
| | 5. PLACE OF BIRTH _____ (CITY, STATE / COUNTRY, IF NOT USA) | | 15. PLACE OF BIRTH _____ (CITY, STATE / COUNTRY, IF NOT USA) |
| | 6. FATHER OR PARENT | | 16. FATHER OR PARENT |
| | A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____ | | A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____ |
| | B. COUNTRY OF BIRTH _____ | | B. COUNTRY OF BIRTH _____ |
| | 7. MOTHER OR PARENT | | 17. MOTHER OR PARENT |
| | A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____ | | A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____ |
| | B. COUNTRY OF BIRTH _____ | | B. COUNTRY OF BIRTH _____ |
| 8. NUMBER OF THIS MARRIAGE _____ | | 18. NUMBER OF THIS MARRIAGE _____ | |
| 9. PREVIOUS MARRIAGES | | 19. PREVIOUS MARRIAGES | |
| A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY | | A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY | |
| DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____ | | DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____ | |
| B. HOW DID LAST MARRIAGE END? DIVORCE <input type="checkbox"/> (3) ANNULMENT <input type="checkbox"/> (3) DEATH <input type="checkbox"/> (2) | | B. HOW DID LAST MARRIAGE END? DIVORCE <input type="checkbox"/> (3) ANNULMENT <input type="checkbox"/> (3) DEATH <input type="checkbox"/> (2) | |
| C. DATE LAST MARRIAGE ENDED? _____ MM/DD/YYYY | | C. DATE LAST MARRIAGE ENDED? _____ MM/DD/YYYY | |
| D. ARE ANY FORMER SPOUSE(S) ALIVE? YES <input type="checkbox"/> NO <input type="checkbox"/> | | D. ARE ANY FORMER SPOUSE(S) ALIVE? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION | | 20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION | |
| DATE OF DECREE _____ PLACE ISSUED _____ AGAINST WHOM _____ | | DATE OF DECREE _____ PLACE ISSUED _____ AGAINST WHOM _____ | |
| (MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE | | (MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE | |
| 1ST _____ <input type="checkbox"/> <input type="checkbox"/> | | 1ST _____ <input type="checkbox"/> <input type="checkbox"/> | |
| 2ND _____ <input type="checkbox"/> <input type="checkbox"/> | | 2ND _____ <input type="checkbox"/> <input type="checkbox"/> | |
| 3RD _____ <input type="checkbox"/> <input type="checkbox"/> | | 3RD _____ <input type="checkbox"/> <input type="checkbox"/> | |
| 4TH _____ <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 _____ 22. SIGNATURE _____
USE CURRENT NAME USE CURRENT NAME

23. SUBSCRIBED AND SWORN TO/AFFIRMED BEFORE ME _____ DATE _____
SIGNATURE OF TOWN OR CITY CLERK

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.

| | | | | | | | | | |
|-------------|--|------------------------------------|-------|-----|------|--|-----|------|--|
| SEAL | 24. TOWN OR CITY CLERK | 25. A. SOLEMNIZATION PERIOD BEGINS | | | | 25. B. SOLEMNIZATION PERIOD ENDS AT MIDNIGHT ON: | | | |
| | NAME (PRINT) _____ | TIME | MONTH | DAY | YEAR | MONTH | DAY | YEAR | |
| | SIGNATURE _____ DATE _____ MAILING ADDRESS: _____ | AM | | | | | | | |
| | STREET _____ CITY/TOWN _____ STATE _____ ZIP _____ | PM | | | | | | | |

| | | | | |
|--------------------|--|----------------------------|---|--|
| CERTIFICATE | 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 | 27. TYPE OF CEREMONY | 28. PLACE WHERE MARRIAGE OCCURRED |
| | | TIME MONTH DAY YEAR | 0 <input type="checkbox"/> RELIGIOUS 1 <input type="checkbox"/> CIVIL | A. STATE <u>NEW YORK</u> |
| | | AM PM | 9 <input type="checkbox"/> OTHER, SPECIFY _____ | B. COUNTY _____ |
| | 29. OFFICIANT NAME (PRINT) _____ TITLE _____ | 30. WITNESS TO CEREMONY | | C. LOCATION OF CEREMONY (CHECK ONE AND SPECIFY) |
| | SIGNATURE _____ DATE _____ | NAME (PRINT) _____ | | CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> |
| | MAILING ADDRESS: _____ | SIGNATURE _____ | | OF (SPECIFY) _____ |
| | STREET _____ CITY/TOWN _____ STATE _____ ZIP _____ | NAME (PRINT) _____ | | NAME OF LOCALITY _____ |
| | 30. WITNESS TO CEREMONY | 31. WITNESS TO CEREMONY | | |
| | NAME (PRINT) _____ | NAME (PRINT) _____ | | |
| | SIGNATURE _____ | SIGNATURE _____ | | |