

STATE OF NEW YORK
DEPARTMENT OF HEALTH
AFFIDAVIT, LICENSE and
CERTIFICATE OF
MARRIAGE

STATE FILE NUMBER
WORK SHEET

SAMPLE

SUPPLEMENTAL FILE

COUNTY _____
 CITY/TOWN _____
 DISTRICT NUMBER _____
 REGISTER NUMBER _____

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. _____ B. _____
(STATE) (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 _____ C. SEX (OPTIONAL) _____
MM/DD/YYYY

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 _____
 2ND _____
 3RD _____
 4TH _____

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. _____ B. _____
(STATE) (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 _____ C. SEX (OPTIONAL) _____
MM/DD/YYYY

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 _____
 2ND _____
 3RD _____
 4TH _____

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
 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				25. B. SOLEMNIZATION PERIOD ENDS AT MIDNIGHT ON:		
TIME	MONTH	DAY	YEAR	MONTH	DAY	YEAR
AM						
PM						

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	
TIME	MONTH	DAY	YEAR	0 <input type="checkbox"/> RELIGIOUS	1 <input type="checkbox"/> CIVIL
AM				9 <input type="checkbox"/> OTHER, SPECIFY _____	
PM					

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

AFFIDAVIT

STREET AND NUMBER

LICENSE

CERTIFICATE

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

