

STATE OF NEW YORK

DEPARTMENT OF HEALTH

MARRIAGE APPLICATION WORKSHEET

TELEPHONE # :

TELEPHONE # :

FROM THE GROOM

FROM THE BRIDE

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 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) <input type="checkbox"/> DIVORCE (3) <input type="checkbox"/> ANNULMENT (2) <input type="checkbox"/> DEATH		
C. DATE LAST MARRIAGE ENDED? _____ <small>MONTH DAY YEAR</small>		
D. ARE ANY FORMER SPOUSE(S) ALIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION

DATE OF DECREE <small>(MONTH, DAY, YEAR)</small>	PLACE ISSUED <small>(CITY/COUNTY, STATE/COUNTRY, IF NOT USA)</small>	AGAINST WHOM <small>SELF SPOUSE</small>
1ST _____	_____	<input type="checkbox"/> <input type="checkbox"/>
2ND _____	_____	<input type="checkbox"/> <input type="checkbox"/>
3RD _____	_____	<input type="checkbox"/> <input type="checkbox"/>
4TH _____	_____	<input type="checkbox"/> <input type="checkbox"/>

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. _____ B. _____
(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 _____ 3B. 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) <input type="checkbox"/> DIVORCE (3) <input type="checkbox"/> ANNULMENT (2) <input type="checkbox"/> DEATH		
C. DATE LAST MARRIAGE ENDED? _____ <small>MONTH DAY YEAR</small>		
D. ARE ANY FORMER SPOUSE(S) ALIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION

DATE OF DECREE <small>(MONTH, DAY, YEAR)</small>	PLACE ISSUED <small>(CITY/COUNTY, STATE/COUNTRY, IF NOT USA)</small>	AGAINST WHOM <small>SELF SPOUSE</small>
1ST _____	_____	<input type="checkbox"/> <input type="checkbox"/>
2ND _____	_____	<input type="checkbox"/> <input type="checkbox"/>
3RD _____	_____	<input type="checkbox"/> <input type="checkbox"/>
4TH _____	_____	<input type="checkbox"/> <input type="checkbox"/>

PLEASE INDICATE FORWARDING ADDRESS AFTER MARRIAGE (INCLUDE APT. #)

STREET APT# CITY STATE ZIP CODE

[NOTES]

REQUIREMENTS:

MUST APPEAR TOGETHER
 \$40.00 CASH FEE REQUIRED
 IDENTIFICATION REQUIREMENT: PICTURE I.D. (DRIVER'S LICENSE, NON-DRIVERS I.D., PASSPORT) & BIRTH CERTIFICATE.
 THERE IS A 24 HOUR WAITING PERIOD AFTER THE LICENSE HAS BEEN ISSUED
 THE MARRIAGE LICENSE IS VALID FOR 60 DAYS. YOU AND/OR FUTURE SPOUSE
 MUST SHOW LAST (FINAL) DIVORCE DECREE.

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT

ZIP

STATE

CITY/TOWN/VILLAGE

AFFIDAVIT

STREET AND NUMBER