

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

ZIP STATE CITY/TOWN/VILLAGE STREET AND NUMBER

AFFIDAVIT

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 (1) ANNULMENT (2) 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 (MONTH, DAY, YEAR)	PLACE ISSUED (CITY/COUNTY, STATE/COUNTRY, IF NOT USA)	AGAINST WHOM SELF SPOUSE
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"/>

BRIDE/GROOM/SPOUSE

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 (1) ANNULMENT (2) 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 (MONTH, DAY, YEAR)	PLACE ISSUED (CITY/COUNTY, STATE/COUNTRY, IF NOT USA)	AGAINST WHOM SELF SPOUSE
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"/>

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.

LICENSE

	24. TOWN OR CITY CLERK NAME (PRINT) _____ SIGNATURE <input type="checkbox"/> _____ 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						

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
TIME MONTH DAY YEAR
AM PM

27. TYPE OF CEREMONY
0 RELIGIOUS 1 CIVIL
9 OTHER, SPECIFY _____

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 _____

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

Attention:

Applicants

Social Security Numbers

Social Security Numbers of the applicants are mandatory. They are required by New York State Domestic Relations Law Section 15 and 42 U.S.C. 666(a). They may be used for child support enforcement purposes.

Notice:

If either or both parties wish to change the surname by which he or she is known after marriage, please review the information below and then complete item 1C and/or 11C on the front side of this record.

- (1) Every person has the right to adopt any name by which he or she wishes to be known simply by using that name consistently and without intent to defraud.
- (2) A person's last name (surname) does not automatically change upon marriage, and neither party to the marriage must change his or her last name. Parties to a marriage need not have the same last name.
- (3) One or both parties to a marriage may elect to change the surname by which he or she wishes to be known after the solemnization of the marriage by entering the new name in the appropriate space provided in the Affidavit Section of this application. Such entry shall consist of one of the following surnames:
 - (i) the surname of the other spouse; or
 - (ii) any former surname of either spouse; or
 - (iii) a name combining into a single surname all or a segment of the premarriage surname or any former surname of each spouse; or
 - (iv) a combination name separated by a hyphen, provided that each part of such combination surname is the premarriage surname, or any former surname, of each of the spouses.
- (4) The use of this option will have the effect of providing a record of the change of name. The marriage certificate, containing the new name, if any, constitutes proof that the use of the new name, or the retention of the former name, is lawful.
- (5) Neither the use of, nor the failure to use, this option of selecting a new surname by means of this application abrogates the right of each person to adopt a different name through usage at some future date.

Clerk

- All entries must be typed or printed.
- Applicants must provide all information in the affidavit section.
- Issue original to couple after making a photocopy.
- Retain photocopy until original copy is returned by the officiant.