

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

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

SUPPLEMENTAL FILE _____

BRIDE/GROOM/SPOUSE

BRIDE/GROOM/SPOUSE

1. A. CURRENT FIRST NAME
CURRENT MIDDLE NAME
CURRENT SURNAME
B. BIRTH SURNAME, IF DIFFERENT
* CHANGING MIDDLE AND/OR SURNAME UPON MARRIAGE IS OPTIONAL, SEE BACK FOR INFORMATION.
* C. MIDDLE NAME AFTER MARRIAGE (IF CHANGING)
* D. SURNAME AFTER MARRIAGE (IF CHANGING)
E. 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 MM/DD/YYYY C. SEX (OPTIONAL)
4. EMPLOYMENT USUAL OCCUPATION
5. PLACE OF BIRTH (CITY, STATE or COUNTRY, IF NOT USA)
6. FATHER OR PARENT
A. NAME (ON CURRENT BIRTH CERTIFICATE)
B. COUNTRY OF BIRTH
7. MOTHER OR PARENT
A. NAME (ON CURRENT BIRTH CERTIFICATE)
B. COUNTRY OF BIRTH
8. NUMBER OF THIS MARRIAGE: DIVORCE: CIVIL ANNULMENT: DEATH:
9. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY
9. B. HOW DID LAST MARRIAGE END? DIVORCE ANNULMENT DEATH
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 or COUNTRY, IF NOT USA) SELF SPOUSE
1ST
2ND
3RD
4TH

11. A. CURRENT FIRST NAME
CURRENT MIDDLE NAME
CURRENT SURNAME
B. BIRTH SURNAME, IF DIFFERENT
* CHANGING MIDDLE AND/OR SURNAME UPON MARRIAGE IS OPTIONAL, SEE BACK FOR INFORMATION.
* C. MIDDLE NAME AFTER MARRIAGE (IF CHANGING)
* D. SURNAME AFTER MARRIAGE (IF CHANGING)
E. 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 MM/DD/YYYY C. SEX (OPTIONAL)
14. EMPLOYMENT USUAL OCCUPATION
15. PLACE OF BIRTH (CITY, STATE or COUNTRY, IF NOT USA)
16. FATHER OR PARENT
A. NAME (ON CURRENT BIRTH CERTIFICATE)
B. COUNTRY OF BIRTH
17. MOTHER OR PARENT
A. NAME (ON CURRENT BIRTH CERTIFICATE)
B. COUNTRY OF BIRTH
18. NUMBER OF THIS MARRIAGE: DIVORCE: CIVIL ANNULMENT: DEATH:
19. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY
19. B. HOW DID LAST MARRIAGE END? DIVORCE ANNULMENT DEATH
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 or 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 USE CURRENT NAME
22. SIGNATURE 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
TIME MONTH DAY YEAR
25. B. SOLEMNIZATION PERIOD ENDS AT MIDNIGHT ON
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
TIME MONTH DAY YEAR
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) NAME OF LOCALITY
29. OFFICIANT
NAME (PRINT)
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