

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

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

2. RESIDENCE A. (STATE) B. (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

12. RESIDENCE A. (STATE) B. (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)

13. A. AGE B. DATE OF BIRTH MM/DD/YYYY C. SEX (OPTIONAL)

4. EMPLOYMENT USUAL OCCUPATION

14. EMPLOYMENT USUAL OCCUPATION

5. PLACE OF BIRTH (CITY, STATE or COUNTRY, IF NOT USA)

15. PLACE OF BIRTH (CITY, STATE or COUNTRY, IF NOT USA)

6. FATHER OR PARENT A. NAME (ON CURRENT BIRTH CERTIFICATE) B. COUNTRY OF BIRTH

16. 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

17. 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

18. NUMBER OF THIS MARRIAGE: DIVORCE: CIVIL ANNULMENT: DEATH:
19. 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

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

D. ARE ANY FORMER SPOUSE(S) ALIVE? YES NO

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

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

Table with 3 columns: DATE OF DECREE, PLACE ISSUED, AGAINST WHOM. Rows for 1ST, 2ND, 3RD, 4TH marriages.

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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.

24. TOWN OR CITY CLERK NAME (PRINT) SIGNATURE DATE MAILING ADDRESS:
25. A. SOLEMNIZATION PERIOD BEGINS TIME MONTH DAY YEAR
25. B. SOLEMNIZATION PERIOD ENDS AT MIDNIGHT ON: MONTH DAY YEAR

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) TITLE SIGNATURE DATE MAILING ADDRESS:
30. WITNESS TO CEREMONY NAME (PRINT) SIGNATURE
31. WITNESS TO CEREMONY NAME (PRINT) SIGNATURE

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT

AFFIDAVIT CITY / TOWN / VILLAGE STATE ZIP STREET AND NUMBER

LICENSE CERTIFICATE



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