

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

STATE OF NEW YORK

DEPARTMENT OF HEALTH

AFFIDAVIT, LICENSE and CERTIFICATE OF MARRIAGE

STATE FILE NUMBER _____
 (THIS SPACE FOR STATE USE ONLY)

SUPPLEMENTAL FILE

BRIDE/GROOM/SPOUSE

BRIDE/GROOM/SPOUSE

ZIP _____

STATE _____

CITY / TOWN / VILLAGE _____

STREET AND NUMBER _____

AFFIDAVIT

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 _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____
 MARRIAGE

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 MARDEN NAME, IF APPLICABLE) _____
 B. COUNTRY OF BIRTH _____

7. MOTHER OR PARENT
 A. NAME (OR MARDEN NAME, IF APPLICABLE) _____
 B. COUNTRY OF BIRTH _____

8. NUMBER OF THIS MARRIAGE _____

9. PREVIOUS MARRIAGES
 A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY
 DIVORCE: _____ DEATH: _____
 CIVIL ANNULLMENT: _____

B. HOW DID LAST MARRIAGE END? DIVORCE (a) ANNULLMENT (b) DEATH (c)
 C. DATE LAST MARRIAGE ENDED? _____

D. ARE ANY FORMER SPOUSES ALIVE? MARRIAGE YES NO
 10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION: PLACE ISSUED _____ AGAINST WHOM
 DATE OF DECREE _____ SELF SPOUSE
 (MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA)

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 CITY TOWN VILLAGE
 AND SPECIFY _____
 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) _____
 MARRIAGE

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 MARDEN NAME, IF APPLICABLE) _____
 B. COUNTRY OF BIRTH _____

17. MOTHER OR PARENT
 A. NAME (OR MARDEN NAME, IF APPLICABLE) _____
 B. COUNTRY OF BIRTH _____

18. NUMBER OF THIS MARRIAGE _____

19. PREVIOUS MARRIAGES
 A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY
 DIVORCE: _____ DEATH: _____
 CIVIL ANNULLMENT: _____

B. HOW DID LAST MARRIAGE END? DIVORCE (a) ANNULLMENT (b) DEATH (c)
 C. DATE LAST MARRIAGE ENDED? _____

D. ARE ANY FORMER SPOUSES ALIVE? MARRIAGE YES NO
 20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION: PLACE ISSUED _____ AGAINST WHOM
 DATE OF DECREE _____ SELF SPOUSE
 (MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA)

1ST
 2ND
 3RD
 4TH

21. SIGNATURE _____
 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.
 USE CURRENT NAME _____ DATE _____

22. SUBSCRIBED AND SWORN TO/AFFIRMED BEFORE ME
 SIGNATURE OF TOWN OR CITY CLERK _____

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT