

STATE OF NEW YORK

DEPARTMENT OF HEALTH

AFFIDAVIT, LICENSE and CERTIFICATE OF MARRIAGE

STATE FILE NUMBER
(THIS SPACE FOR STATE USE ONLY)

COUNTY Albany
 CITY/TOWN Watervliet
 DISTRICT NUMBER 103
 REGISTER NUMBER _____

SUPPLEMENTAL FILE _____

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT

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 (3) ANNULMENT (3) 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 PLACE ISSUED AGAINST WHOM

	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 1

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

B. HOW DID LAST MARRIAGE END? DIVORCE (3) ANNULMENT (3) 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 PLACE ISSUED AGAINST WHOM

	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.

SEAL	24. TOWN OR CITY CLERK NAME (PRINT) _____ SIGNATURE <input type="checkbox"/> _____ DATE _____ MAILING ADDRESS: _____ <small>STREET CITY/TOWN STATE ZIP</small>	25. A. SOLEMNIZATION PERIOD BEGINS TIME MONTH DAY YEAR AM PM	25. B. SOLEMNIZATION PERIOD ENDS AT MIDNIGHT ON: MONTH DAY YEAR
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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.