TOWN OF BLACK BROOK

18N MAIN STREET, P.O. BOX 715
AU SABLE FORKS, NEW YORK 12912
TELEPHONE (518) 647-5411

Marriage Certificate Worksheet

Party 1 Information

1. Name: First _____ Middle _____ Last _____
2. Last Name After Marriage: _____
3. Birth Name (if different): _____
4. Residence (Street Address): _____
   City/Town _____ State _____ Zip _____ Phone _____
5. Check One: ☐ Town ☐ Village ☐ City Specify: _____
6. Residence in a city/village? ☐ Yes ☐ No
7. Date of Birth: Month _____ Day _____ Year _____
8. City/State/Country of Birth: _____
9. Sex (Optional): _____
10. Employment / Occupation: _____
11. Industry or Business: _____
12. Father's Name: First _____ Middle _____ Last _____
13. Country of Birth: _____
14. Mother's Name: First _____ Middle _____ Last _____
15. Country of Birth: _____
16. Number of this Marriage: ☐ First ☐ Second ☐ Third ☐ Other: _____
17. Previous Marriages Ended by: ☐ Divorce ☐ Death ☐ Civil Annulment

Date Last Marriage Ended: Month _____ Day _____ Year _____
Applicant Where (City/State/Country if not USA): _____
Choose One: ☐ Retain former surname ☐ Elect spouse's last name
Additional prior marriages: 2nd _____ 3rd _____ 4th _____

Signature _____ Date _____

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Marriage Certificate Worksheet

Party 2 Information

1. Name: First _____ Middle _____ Last _____
2. Last Name After Marriage: _____
3. Birth Name (if different): _____
4. Residence (Street Address): _____
   City/Town _____ State _____ Zip _____ Phone _____
5. Check One: ☐ Town ☐ Village ☐ City Specify: _____
6. Residence in a city/village? ☐ Yes ☐ No
7. Date of Birth: Month _____ Day _____ Year _____
8. City/State/Country of Birth: _____
9. Sex (Optional): _____
10. Employment / Occupation: _____
11. Industry or Business: _____
12. Father's Name: First _____ Middle _____ Last _____
13. Country of Birth: _____
14. Mother's Name: First _____ Middle _____ Last _____
15. Country of Birth: _____
16. Number of this Marriage: ☐ First ☐ Second ☐ Third ☐ Other: _____
17. Previous Marriages Ended by: ☐ Divorce ☐ Death ☐ Civil Annulment

Date Last Marriage Ended: Month _____ Day _____ Year _____
Applicant Where (City/State/Country if not USA): _____
Choose One: ☐ Retain former surname ☐ Elect spouse's last name
Additional prior marriages: 2nd _____ 3rd _____ 4th _____

Signature _____ Date _____