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

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

STATE FILE NUMBER
(THIS SPACE FOR STATE USE ONLY)

☐ SUPPLEMENTAL FILE _____

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT
STREET AND NUMBER | CITY / TOWN / VILLAGE | STATE | ZIP

AFFIDAVIT

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. _____ (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) _____
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 (MONTH, DAY, YEAR)	PLACE ISSUED (CITY/COUNTY, STATE/COUNTRY, IF NOT USA)	AGAINST WHOM SELF	AGAINST WHOM SPOUSE
1ST			☐	☐
2ND			☐	☐
3RD			☐	☐
4TH			☐	☐

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. _____ (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 ☐
13. A. AGE _____ B. DATE OF BIRTH _____ (MM/DD/YYYY) C. SEX (OPTIONAL) _____
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 _____
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 (MONTH, DAY, YEAR)	PLACE ISSUED (CITY/COUNTY, STATE/COUNTRY, IF NOT USA)	AGAINST WHOM SELF	AGAINST WHOM 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 _____

LICENSE

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 ▸ _____ DATE _____
MAILING ADDRESS: _____ (STREET / CITY/TOWN / STATE / ZIP)

25. A. SOLEMNIZATION PERIOD BEGINS				25. B. SOLEMNIZATION PERIOD ENDS AT MIDNIGHT ON:		
TIME	MONTH	DAY	YEAR	MONTH	DAY	YEAR
AM / PM						

CERTIFICATE

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) _____ (NAME OF LOCALITY)

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.

DOH-98 (7/2011)