TOWN OF TUXEDO, NEW YORK

MARRIAGE LICENSE APPLICATION

Reg. # : _____ **Ceremony Date, if known**_____

Bride / Groom / Spouse	Bride / Groom / Spouse
1. A. CURRENT FIRST NAME _____ CURRENT MIDDLE NAME_____ CURRENT LAST NAME_____ B. BIRTH SURNAME, IF DIFFERENT_____ ***IF CHANGING MIDDLE AND/OR SURNAME UPON MARRIAGE:*** C. SURNAME AFTER MARRIAGE_____ D. MIDDLE NAME AFTER MARRIAGE_____ E. SOCIAL SECURITY NUMBER_____	8. A. CURRENT FIRST NAME _____ CURRENT MIDDLE NAME_____ CURRENT LAST NAME_____ B. BIRTH SURNAME, IF DIFFERENT_____ ***IF CHANGING MIDDLE AND/OR SURNAME UPON MARRIAGE:*** C. SURNAME AFTER MARRIAGE_____ D. MIDDLE NAME AFTER MARRIAGE_____ E. SOCIAL SECURITY NUMBER_____
2. HOME ADDRESS_____ T/V/C NAME:_____ CHECK ONE TOWN ☐ VILLAGE ☐ CITY ☐ STATE_____ ZIP_____ IS RESIDENCE WITHIN LIMITS OF INCORPORATED VILLAGE OR CITY? YES ☐ NO ☐ COUNTY_____ PHONE #_____	9. HOME ADDRESS_____ T/V/C NAME:_____ CHECK ONE TOWN ☐ VILLAGE ☐ CITY ☐ STATE_____ ZIP_____ IS RESIDENCE WITHIN LIMITS OF INCORPORATED VILLAGE OR CITY? YES ☐ NO ☐ COUNTY_____ PHONE #_____
3. BIRTH DATE_____ AGE_____ SEX_____ (MM/DD/YYYY) (OPTIONAL) BIRTH PLACE_____ (CITY, STATE OR COUNTRY, IF NOT USA)	10. BIRTH DATE_____ AGE_____ SEX_____ (MM/DD/YYYY) (OPTIONAL) BIRTH PLACE_____ (CITY, STATE OR COUNTRY, IF NOT USA)
4. OCCUPATION_____ INDUSTRY_____ ACTIVE MILITARY DUTY? YES ☐ NO ☐	11. OCCUPATION_____ INDUSTRY_____ ACTIVE MILITARY DUTY? YES ☐ NO ☐
5. FATHER OR PARENT 1 NAME_____ (NAME ON BIRTH CERTIFICATE) COUNTRY OF BIRTH_____ MOTHER OR PARENT 2 NAME_____ (NAME ON BIRTH CERTIFICATE) COUNTRY OF BIRTH_____	12. FATHER OR PARENT 1 NAME_____ (NAME ON BIRTH CERTIFICATE) COUNTRY OF BIRTH_____ MOTHER OR PARENT 2 NAME_____ (NAME ON BIRTH CERTIFICATE) COUNTRY OF BIRTH_____
6. HAVE YOU PREVIOUSLY BEEN MARRIED IN ANY STATE/COUNTRY? *YES ☐ NO ☐ *IF YES, PLEASE ANSWER #7 BELOW	13. HAVE YOU PREVIOUSLY BEEN MARRIED IN ANY STATE/COUNTRY? *YES ☐ NO ☐ *IF YES, PLEASE ANSWER #14 BELOW
7. A. NUMBER OF THIS MARRIAGE_____ B. NUMBER OF PREVIOUS MARRIAGES ENDED BY DIVORCE_____ ANNULMENT_____ DEATH_____ C. HOW DID LAST MARRIAGE END? DIVORCE_____ ANNULMENT_____ DEATH_____ D. DATE MARRIAGE ENDED_____ (MM/DD/YYYY) E ARE ANY FORMER SPOUSE(S) ALIVE? YES ☐ NO ☐ IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION: DATE OF DECREE / PLACE ISSUED / AGAINST WHOM? SELF/SPOUSE/NO FAULT 1ST_____ 2ND_____ 3RD_____ 4TH_____	14. A. NUMBER OF THIS MARRIAGE_____ B. NUMBER OF PREVIOUS MARRIAGES ENDED BY DIVORCE_____ ANNULMENT_____ DEATH_____ C. HOW DID LAST MARRIAGE END? DIVORCE_____ ANNULMENT_____ DEATH_____ D. DATE MARRIAGE ENDED_____ (MM/DD/YYYY) E ARE ANY FORMER SPOUSE(S) ALIVE? YES ☐ NO ☐ IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION: DATE OF DECREE / PLACE ISSUED / AGAINST WHOM? SELF/SPOUSE/NO FAULT 1ST_____ 2ND_____ 3RD_____ 4TH_____

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT:

STREET ADDRESS:_____

CITY STATE ZIP:_____