Town of Virgil
1176 Church Street
Virgil, NY 13045
607-835-6174

INFORMATION WORKSHEET FOR A MARRIAGE LICENSE

CONTACT PERSON:_____
PHONE#:_____

I.D._____

Bride/Groom/Spouse

1. A. FULL NAME_____

B. Birth Name:(If different)_____

C. Surname after marriage;_____

D. Social Security # (optional)_____

2. Residence: A. State_____ B. County_____

C. Circle One: City Town Village of_____

D. Street Address:_____

Zip Code:_____

E. Is residence within limits of city or village? Y N

3. A. Age:_____ B. Date of Birth:_____

C: Sex (optional) Male or Female

4. Employment: A. Occupation:_____

B. Type of Industry or Business:_____

5. Place of Birth:_____

6. Father or Parent

A, Name (or Maiden Name)_____

B. Country of Birth:_____

7. Mother or Parent

A. Name (or Maiden Name)_____

B. Country of Birth:_____

8. Number of Marriages_____

9. Previous Marriages:

A. # of Previous Marriages that ended in:

Divorce Civil Annulment Death

I.D._____

Bride/Groom/Spouse

11. A. FULL NAME_____

B. Birth Name(if different)_____

C. Surname after marriage:_____

D. Social Security # (optional)_____

12.. Residence A. State_____ B. County;_____

C. Circle One: City Town Village of_____

D. Street Address:_____

Zip Code:_____

E. Is residence within limits of city or village? Y N

13. A. Age:_____ B. Date of Birth:_____

C: Sex (optional) Male or Female

14. Employment: A. Occupation:_____

B. Type of Industry of Business:_____

15. Place of Birth:_____

16. Father or Parent

A, Name (or Maiden Name)_____

B. Country of Birth:_____

17. Mother or Parent

A. Name (or Maiden Name)_____

B. Country of Birth:_____

18. Number of Marriages_____

19. Previous Marriages:

A. # of Previous Marriages that ended in:

Divorce Civil Annulment Death

9. Previous Marriage Continued:

B. How did your last marriage end:

Divorce_____ Annulment_____ Death_____

C. Date Last Marriage Ended:_____

D. are any Former Spouse(s) Alive Yes_____ No____

10. If Previously Divorced or Annulled provide the Following Information:

(Month, Day Year) (City, State/Country)	Against Whom
1st_____	Self/Spouse
2nd_____	Self/Spouse
3rd_____	Self/Spouse
4th_____	Self/Spouse

19. Previous Marriage Continued:

B. How did your last marriage end:

Divorce_____ Annulment_____ Death_____

C. Date Last Marriage Ended:_____

D. Are any former Spouse(s) Alive Yes_____ No_____

10. If Previously Divorced or Annulled provide the Following Information:

(Month, Day Year) (City, State/Country)	Against Whom
1st_____	Self/Spouse
2nd_____	Self/Spouse
3rd_____	Self/Spouse
4th_____	Self/Spouse

FUTURE ADDRESS FOR CERTIFIED COPY TO BE MAILED:

_____

PLEASE PROVIDE TWO (2) FORMS OF IDENTIFICATION: CERTIFIED BIRTH CERTIFICATE
AND DRIVER'S LICENSE OR PASSPORT.

PLEASE PROVIDE CERTIFIED DIVORCE PAPERS FOR EACH AND EVERY DIVORCE INVOLVED

_____
Bride/Groom/ Spouse Signature

Date: _____

_____
Bride/Groom/ Spouse Signature

Date:_____