

**Town of Volney
1445 County Route 6
Fulton, NY 13069
315-593-8288**

Marriage Worksheet

Date of Marriage: _____

Ceremony to be performed by: _____

Phone number of Officiant: _____

(We ask for this information in case the person performing the marriage does not send your paperwork back in a timely manner.)

Where would you like the Marriage Certificate sent: _____

GROOM:

Phone Number _____ Social Security Number _____

Full Name (please use FIRST, MIDDLE, LAST) _____

Birth Name (if different) _____ Surname (last name) after marriage _____

Address _____ State _____ Zip Code _____ County _____

Do you live in (Specify One) City _____ or Town _____ or Village _____

Is residence within limits of a city or incorporated village _____

Age _____ Date of Birth _____ Employment/Occupation _____

Father's Full Name (FIRST, MIDDLE, LAST) _____ Country of Birth _____

Mother's Full Name (FIRST, MIDDLE, LAST) _____ Country of Birth _____

Number of this marriage _____ Number Previous Marriages _____

Divorce _____ Annulment _____ Death _____ Are Former Spouses Alive _____

Date of Decree (Month, Day, Year) _____ Place Issued (City, State/Country-if not USA) _____ Against _____

_____ Self _____ Spouse

_____ Self _____ Spouse

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Where would you like the Marriage Certificate sent: _____

BRIDE:

Phone Number _____ Social Security Number _____

Full Name (please use FIRST, MIDDLE, LAST) _____

Birth Name (if different) _____ Surname (last name) after marriage _____

Address _____ State _____ Zip Code _____ County _____

Do you live in (Specify One) City _____ or Town _____ or Village _____

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Age _____ Date of Birth _____ Employment/Occupation _____

Father's Full Name (FIRST, MIDDLE, LAST) _____ Country of Birth _____

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_____	_____	____ Self ____ Spouse
_____	_____	____ Self ____ Spouse