Application for Certification of Marriage in New York State

PRINT CLEARLY AND HAVE EACH PARTY FILL A SEPARATE FORM OUT

Current Full Name _____

Birth Name if different _____

Surname (the last name you will use after Marriage) _____

Middle name (after marriage if changing) _____

Social Security # _____ Phone Number _____

Full address _____

County_____ Circle one CITY TOWN VILLAGE

Is the residence within the city limits or an Incorporated Village? YES NO (circle one)

Age _____ Birthdate _____ Male Female X (circle one)
City/State of Birth_____

Occupation _____ Industry _____

Father's Full name on Birth Certificate_____
Country of Birth _____

Mother's Full name on Birth Certificate _____
Country of Birth _____

Number of this marriage _____ Any former spouse(s) living YES NO
Previous marriages ended in Divorce_____ Annulment _____ Death_____
Last marriage ended in Divorce_____ Annulment _____ Death _____ Date_____

If previously Divorced or Annulled please provide the following information

	Date of Decree (Month, Day. Year)	Place Issued City/County, State)	Against Whom (Defendant)
1st	_____	_____	self___ Spouse _____
2nd	_____	_____	self___ Spouse _____
3rd	_____	_____	self___ Spouse _____

Address where Certificate of Marriage should be mailed if different than above address

_____

Signature_____ Date_____

By signing you are acknowledging that the contents are known to you and this information is true under penalty of perjury.