

COUNTY \_\_\_\_\_  
CITY/TOWN \_\_\_\_\_  
DISTRICT NUMBER \_\_\_\_\_  
REGISTER NUMBER \_\_\_\_\_

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

STATE FILE NUMBER  
(THIS SPACE FOR STATE USE ONLY)

**WORKSHEET**

SUPPLEMENTAL FILE

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT

	BRIDE/GROOM/SPOUSE		BRIDE/GROOM/SPOUSE
AFFIDAVIT	BRIDE/GROOM/SPOUSE		
	1. A. FULL NAME _____		
	FIRST MIDDLE CURRENT SURNAME		
	B. BIRTH NAME, IF DIFFERENT _____		
	C. SURNAME AFTER MARRIAGE _____ <small>(OPTIONAL - SEE REVERSE)</small>		
	D. SOCIAL SECURITY NUMBER _____		
	2. RESIDENCE A. _____ B. _____		
	<small>(STATE) (COUNTY)</small>		
	C. CHECK ONE AND SPECIFY CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/>		
	D. STREET ADDRESS _____ ZIP _____		
	E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	3. A. AGE _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____		
	<small>MM/DD/YYYY</small>		
	4. EMPLOYMENT		
	A. USUAL OCCUPATION _____		
	B. TYPE OF INDUSTRY OR BUSINESS _____		
	5. PLACE OF BIRTH _____		
	<small>(CITY, STATE / COUNTRY, IF NOT USA)</small>		
	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 <input type="checkbox"/> (3) ANNULMENT <input type="checkbox"/> (3) DEATH <input type="checkbox"/> (2)			
C. DATE LAST MARRIAGE ENDED? _____			
<small>MM/DD/YYYY</small>			
D. ARE ANY FORMER SPOUSE(S) ALIVE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION			
DATE OF DECREE PLACE ISSUED AGAINST WHOM			
<small>(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE</small>			
1ST _____ <input type="checkbox"/> <input type="checkbox"/>			
2ND _____ <input type="checkbox"/> <input type="checkbox"/>			
3RD _____ <input type="checkbox"/> <input type="checkbox"/>			
4TH _____ <input type="checkbox"/> <input type="checkbox"/>			
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 _____ DATE _____			
SIGNATURE OF TOWN OR CITY CLERK ▶			

How do you wish to be addressed on the Congratulatory letter: (check box)

Mr. and Mrs.  Meses.  Mmes.  Messrs.  First and Last Names  Last Names

Daytime contact telephone number: \_\_\_\_\_

When will ceremony take place? \_\_\_\_\_ Where? \_\_\_\_\_

Who is performing your ceremony? \_\_\_\_\_

Your license goes into effect 24 hours from the date of issue and is valid for 60 days.  
If this is a second/subsequent ceremony, the 24hour waiting period is waived.

## Attention:

### Applicants

#### Social Security Numbers

Social Security Numbers of the applicants are mandatory. They are required by New York State Domestic Relations Law Section 15 and 42 U.S.C. 666(a). They may be used for child support enforcement purposes.

#### Notice:

If either or both parties wish to change the surname by which he or she is known after marriage, please review the information below and then complete item 10 and/or 11C on the front side of this record.

- (1) Every person has the right to adopt any name by which he or she wishes to be known simply by using that name consistently and without intent to defraud.
- (2) A person's last name (surname) does not automatically change upon marriage, and neither party to the marriage must change his or her last name. Parties to a marriage need not have the same last name.
- (3) One or both parties to a marriage may elect to change the surname by which he or she wishes to be known after the solemnization of the marriage by entering the new name in the appropriate space provided in the Affidavit Section of this application. Such entry shall consist of one of the following surnames:
  - (i) the surname of the other spouse; or
  - (ii) any former surname of either spouse; or
  - (iii) a name combining into a single surname all or a segment of the premarriage surname or any former surname of each spouse; or
  - (iv) a combination name separated by a hyphen, provided that each part of such combination surname is the premarriage surname, or any former surname, of each of the spouses.
- (4) The use of this option will have the effect of providing a record of the change of name. The marriage certificate, containing the new name, if any, constitutes proof that the use of the new name, or the retention of the former name, is lawful.
- (5) Neither the use of, nor the failure to use, this option of selecting a new surname by means of this application abrogates the right of each person to adopt a different name through usage at some future date.

### Clerk

- All entries must be typed or printed.
- Applicants must provide all information in the affidavit section.
- Issue original to couple after making a photocopy.
- Retain photocopy until original copy is returned by the officiant.