

**STATE OF NEW YORK**  
**MARRIAGE APPLICATION WORKSHEET**

**PARTY 1**

FULL NAME \_\_\_\_\_  
FIRST MIDDLE LAST  
SOCIAL SECURITY NUMBER \_\_\_\_\_  
SURNAME AFTER MARRIAGE \_\_\_\_\_  
(OPTIONAL SEE REVERSE)  
BIRTH NAME, IF DIFFERENT \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
(CIRCLE ONE & SPECIFY)  
CITY / TOWN / VILLAGE \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_  
IS RESIDENCE WITHIN THE CITY OR INCORPORATED VILLAGE? **YES OR NO**

AGE \_\_\_\_\_ DOB \_\_\_\_\_ SEX (OPTIONAL) \_\_\_\_\_  
MM/DD/YYYY  
PLACE OF BIRTH \_\_\_\_\_

EMPLOYMENT-OCCUPATION \_\_\_\_\_  
TYPE OF BUSINESS OR INDUSTRY \_\_\_\_\_  
FATHER FULL NAME \_\_\_\_\_  
COUNTRY OF BIRTH \_\_\_\_\_  
MOTHER FULL MAIDEN NAME \_\_\_\_\_  
COUNTRY OF BIRTH \_\_\_\_\_  
NUMBER OF THIS MARRIAGE FOR **YOU** \_\_\_\_\_

NUMBER OF PREVIOUS MARRIAGES ENDED BY:  
DIVORCE \_\_\_\_\_ ANNULMENT \_\_\_\_\_ DEATH \_\_\_\_\_  
HOW DID LAST MARRIAGE END:  
DIVORCE \_\_\_\_\_ ANNULMENT \_\_\_\_\_ DEATH \_\_\_\_\_  
DATE LAST MARRIAGE ENDED \_\_\_\_\_  
MM/DD/YYYY

ARE THERE ANY FORMER SPOUSES ALIVE: YES \_\_\_\_\_ NO \_\_\_\_\_  
IF PREVIOUSLY DIVORCED OR ANNULLED PLEASE PROVIDE  
FOLLOWING INFORMATION:

DATE OF DECREE (MM/DD/YYYY)	PLACE ISSUED (CITY/COUNTY, STATE/COUNTRY, IF NOT IN USA)	AGAINST WHOM SELF OR SPOUSE	
1 <sup>st</sup> _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3 <sup>rd</sup> _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4 <sup>th</sup> _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**PARTY 2**

FULL NAME \_\_\_\_\_  
FIRST MIDDLE LAST  
SOCIAL SECURITY NUMBER \_\_\_\_\_  
SURNAME AFTER MARRIAGE \_\_\_\_\_  
(OPTIONAL SEE REVERSE)  
BIRTH NAME, IF DIFFERENT \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
(CIRCLE ONE & SPECIFY)  
CITY / TOWN / VILLAGE \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_  
IS RESIDENCE WITHIN THE CITY OR INCORPORATED VILLAGE? **YES OR NO**

AGE \_\_\_\_\_ DOB \_\_\_\_\_ SEX (OPTIONAL) \_\_\_\_\_  
MM/DD/YYYY  
PLACE OF BIRTH \_\_\_\_\_

EMPLOYMENT-OCCUPATION \_\_\_\_\_  
TYPE OF BUSINESS OR INDUSTRY \_\_\_\_\_  
FATHER FULL NAME \_\_\_\_\_  
COUNTRY OF BIRTH \_\_\_\_\_  
MOTHER FULL MAIDEN NAME \_\_\_\_\_  
COUNTRY OF BIRTH \_\_\_\_\_  
NUMBER OF THIS MARRIAGE FOR **YOU** \_\_\_\_\_

NUMBER OF PREVIOUS MARRIAGES ENDED BY:  
DIVORCE \_\_\_\_\_ ANNULMENT \_\_\_\_\_ DEATH \_\_\_\_\_  
HOW DID LAST MARRIAGE END:  
DIVORCE \_\_\_\_\_ ANNULMENT \_\_\_\_\_ DEATH \_\_\_\_\_  
DATE LAST MARRIAGE ENDED \_\_\_\_\_  
MM/DD/YYYY

ARE THERE ANY FORMER SPOUSES ALIVE: YES \_\_\_\_\_ NO \_\_\_\_\_  
IF PREVIOUSLY DIVORCED OR ANNULLED PLEASE PROVIDE  
FOLLOWING INFORMATION:

DATE OF DECREE (MM/DD/YYYY)	PLACE ISSUED (CITY/COUNTY, STATE/COUNTRY, IF NOT IN USA)	AGAINST WHOM SELF OR SPOUSE	
1 <sup>st</sup> _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3 <sup>rd</sup> _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4 <sup>th</sup> _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE INDICATE FORWARDING ADDRESS AFTER MARRIAGE (INCLUDE APT. NUMBER)

\_\_\_\_\_ STREET APT# CITY STATE ZIP

**REQUIREMENTS:**

HOURS OF ISSUANCE – 8:00AM TILL 3:30PM (MONDAY THRU FRIDAY)

MUST APPEAR TOGETHER

\$40.00 CASH FEE REQUIRED / OR CREDIT with \$1.95 SERVICE CHARGE

IDENTIFICATION: PICTURE ID (DRIVERS LICENSE, NON-DRIVERS LICENSE, PASSPORT & BIRTH CERTIFICATE)

YOU AND / YOUR FUTURE SPOUSE MUST SHOW LAST (FINAL) DIVORCE DECREE

THERE IS A 24 HOUR WAITING PERIOD AFTER THE LICENSE HAS BEEN ISSUED

THE MARRIAGE LICENSE IS VALID FOR 60 DAYS

## 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 1C 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.