

CITY _____
COUNTY _____
STATE _____
ZIP _____

2801

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

(THIS SPACE FOR STATE USE ONLY)

SUPPLEMENTAL FILE

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT

ZIP _____
STATE _____
CITY/TOWN/VILLAGE _____
STREET AND NUMBER _____

AFFIDAVIT

BRIDE/GROOM/SPOUSE

A. FULL NAME FIRST MIDDLE CURRENT SURNAME
B. BIRTH NAME, IF DIFFERENT
C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE)
D. SOCIAL SECURITY NUMBER

1. RESIDENCE A. B. (STATE) (CITY/TOWN/VILLAGE) (COUNTY)
C. CHECK ONE AND SPECIFY CITY TOWN VILLAGE
D. STREET ADDRESS ZIP
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO

2. A. AGE B. DATE OF BIRTH MM/DD/YYYY C. SEX (OPTIONAL)
3. EMPLOYMENT
A. USUAL OCCUPATION
B. TYPE OF INDUSTRY OR BUSINESS
4. PLACE OF BIRTH (CITY, STATE / COUNTRY, IF NOT USA)
5. FATHER OR PARENT
A. NAME (OR MAIDEN NAME, IF APPLICABLE)
3. COUNTRY OF BIRTH
7. MOTHER OR PARENT
A. NAME (OR MAIDEN NAME, IF APPLICABLE)
3. COUNTRY OF BIRTH
8. NUMBER OF THIS MARRIAGE
9. PREVIOUS MARRIAGES
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY
DIVORCE: CIVIL ANNULMENT: DEATH:
E. HOW DID LAST MARRIAGE END? DIVORCE (3) ANNULMENT (3) DEATH (2)
F. DATE LAST MARRIAGE ENDED? MM/DD/YYYY
I. ARE ANY FORMER SPOUSE(S) ALIVE? YES NO

10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION
DATE OF DECREE PLACE ISSUED AGAINST WHOM
(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE

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"/>

BRIDE/GROOM/SPOUSE

11. A. FULL NAME FIRST MIDDLE CURRENT SURNAME
B. BIRTH NAME, IF DIFFERENT
C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE)
D. SOCIAL SECURITY NUMBER

12. RESIDENCE A. B. (STATE) (CITY/TOWN/VILLAGE) (COUNTY)
C. CHECK ONE AND SPECIFY CITY TOWN VILLAGE
D. STREET ADDRESS ZIP
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO

13. A. AGE B. DATE OF BIRTH MM/DD/YYYY C. SEX (OPTIONAL)
14. EMPLOYMENT
A. USUAL OCCUPATION
B. TYPE OF INDUSTRY OR BUSINESS
15. PLACE OF BIRTH (CITY, STATE / COUNTRY, IF NOT USA)
16. FATHER OR PARENT
A. NAME (OR MAIDEN NAME, IF APPLICABLE)
B. COUNTRY OF BIRTH
17. MOTHER OR PARENT
A. NAME (OR MAIDEN NAME, IF APPLICABLE)
B. COUNTRY OF BIRTH
18. NUMBER OF THIS MARRIAGE
19. PREVIOUS MARRIAGES
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY
DIVORCE: CIVIL ANNULMENT: DEATH:
B. HOW DID LAST MARRIAGE END? DIVORCE (3) ANNULMENT (3) DEATH (2)
C. DATE LAST MARRIAGE ENDED? MM/DD/YYYY
D. ARE ANY FORMER SPOUSE(S) ALIVE? YES NO

20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION
DATE OF DECREE PLACE ISSUED AGAINST WHOM
(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE

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 _____ 22. SIGNATURE _____
USE CURRENT NAME USE CURRENT NAME

23. SUBSCRIBED AND SWORN TO/AFFIRMED BEFORE ME
SIGNATURE OF TOWN OR CITY CLERK _____ DATE _____

This license authorizes the marriage in New York State of the parties named above by any person authorized by New York State Domestic Relations Law § 11 to perform marriage ceremonies within New York State. THIS LICENSE VALID IN NEW YORK STATE ONLY.
 If checked, this license is to be used only for the purpose of a second or subsequent ceremony.

24. TOWN OR CITY CLERK
NAME (PRINT) _____
SIGNATURE _____ DATE _____
MAILING ADDRESS: _____
STREET _____ CITY/TOWN _____ STATE _____ ZIP _____

25. A. SOLEMNIZATION PERIOD BEGINS
TIME MONTH DAY YEAR
AM PM

25. B. SOLEMNIZATION PERIOD ENDS AT MIDNIGHT ON
MONTH DAY YEAR

1. I CERTIFY THAT I SOLEMNIZED THE MARRIAGE OF THE PARTIES NAMED ABOVE ON THE DATE AND AT THE TIME AND PLACE INDICATED.

26. SOLEMNIZATION OCCURRED
DATE MONTH DAY YEAR
TIME AM PM

27. TYPE OF CEREMONY
 RELIGIOUS CIVIL
 OTHER, SPECIFY _____

28. PLACE WHERE MARRIAGE OCCURRED
A. STATE NEW YORK
B. COUNTY _____
C. LOCATION OF CEREMONY (CHECK ONE AND SPECIFY)
CITY TOWN VILLAGE
OF (SPECIFY) _____ NAME OF LOCALITY _____

29. OFFICIANT
NAME (PRINT) _____
SIGNATURE _____ DATE _____
MAILING ADDRESS: _____
STREET _____ CITY/TOWN _____ STATE _____ ZIP _____

30. WITNESS TO CEREMONY
NAME (PRINT) _____
SIGNATURE _____

31. WITNESS TO CEREMONY
NAME (PRINT) _____
SIGNATURE _____

LICENSE

CERTIFICATE



NOTE: OFFICIANT MUST RETURN LICENSE TO ISSUING CLERK WITHIN FIVE (5) DAYS OF SOLEMNIZATION.