

## City of Amsterdam

### Marriage Licenses

A New York State Marriage License allows you to marry anywhere within New York State

#### City of Amsterdam Office Hours for Marriage Licenses:

Monday – Friday 8am to 3:30pm

#### Required Documents:

**One** of the following **age-related** documents:

- Birth Certificate
- Baptismal Record
- Naturalization Record
- Census Record

**\*\*These documents must include name, date of birth, place of birth, and parents name(s)\*\***

#### AND

**One** of the following **identity-related** documents:

- Current Driver's License
- Passport
- Employment picture ID
- Immigration Record

#### Previous Marriages:

- Divorce or Annulment – Certified Court Papers for **all** Former Marriages
- Death Certificate if **any** prior spouse is deceased

**Fee:** \$40.00

**Both Parties must be Present**

**There is a 24 Hour Waiting Period**

**Marriage License is valid for 60 days**

# STATE OF NEW YORK

DEPARTMENT OF HEALTH

## AFFIDAVIT, LICENSE and CERTIFICATE OF MARRIAGE

STATE FILE NUMBER  
(THIS SPACE FOR STATE USE ONLY)

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

SUPPLEMENTAL FILE

### BRIDE/GROOM/SPOUSE

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

2. RESIDENCE A. \_\_\_\_\_ B. \_\_\_\_\_  
(STATE) (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

3. A. AGE \_\_\_\_\_ B. DATE OF BIRTH \_\_\_\_\_ C. SEX (OPTIONAL) \_\_\_\_\_  
MM/DD/YYYY

4. EMPLOYMENT  
A. USUAL OCCUPATION \_\_\_\_\_  
B. TYPE OF INDUSTRY OR BUSINESS \_\_\_\_\_

5. PLACE OF BIRTH \_\_\_\_\_  
(CITY, STATE / COUNTRY, IF NOT USA)

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  (3) ANNULMENT  (3) DEATH  (2)

C. DATE LAST MARRIAGE ENDED? \_\_\_\_\_  
MM/DD/YYYY

D. 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    
2ND    
3RD    
4TH

### 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) (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 \_\_\_\_\_ C. SEX (OPTIONAL) \_\_\_\_\_  
MM/DD/YYYY

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    
2ND    
3RD    
4TH

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 ▶ \_\_\_\_\_

23. SUBSCRIBED AND SWORN TO/AFFIRMED BEFORE ME  
SIGNATURE OF TOWN OR CITY CLERK ▶ \_\_\_\_\_ DATE \_\_\_\_\_  
USE CURRENT NAME USE CURRENT NAME

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 ▶ \_\_\_\_\_

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

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

TIME MONTH DAY YEAR  
AM  
PM

27. TYPE OF CEREMONY

0  RELIGIOUS 1  CIVIL  
9  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 \_\_\_\_\_

30. WITNESS TO CEREMONY

NAME (PRINT) \_\_\_\_\_

SIGNATURE ▶ \_\_\_\_\_

31. WITNESS TO CEREMONY

NAME (PRINT) \_\_\_\_\_

SIGNATURE ▶ \_\_\_\_\_



SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT

ZIP

STATE

CITY / TOWN / VILLAGE

AFFIDAVIT

STREET AND NUMBER

LICENSE

CERTIFICATE

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