

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

YOUR TELEPHONE NUMBER:

() _____

BRIDE/GROOM/SPOUSE

BRIDE/GROOM/SPOUSE

1. A. CURRENT FIRST NAME _____
 CURRENT MIDDLE NAME _____
 CURRENT SURNAME _____
 B. BIRTH SURNAME, IF DIFFERENT _____
 * CHANGING MIDDLE AND/OR SURNAME UPON MARRIAGE IS OPTIONAL, SEE BACK FOR INFORMATION.
 * MIDDLE NAME AFTER MARRIAGE (IF CHANGING) _____
 * SURNAME AFTER MARRIAGE (IF CHANGING) _____
 E. 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 USUAL OCCUPATION _____

5. PLACE OF BIRTH _____
 (CITY, STATE or COUNTRY, IF NOT USA)

6. FATHER OR PARENT
 A. NAME (ON CURRENT BIRTH CERTIFICATE) _____
 B. COUNTRY OF BIRTH _____

7. MOTHER OR PARENT
 A. NAME (ON CURRENT BIRTH CERTIFICATE) _____
 B. COUNTRY OF BIRTH _____

8. NUMBER OF THIS MARRIAGE: _____ 9. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY
 DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____

9. 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 (MONTH, DAY, YEAR)	PLACE ISSUED (CITY/COUNTY, STATE or COUNTRY, IF NOT USA)	AGAINST WHOM 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"/>

11. A. CURRENT FIRST NAME _____
 CURRENT MIDDLE NAME _____
 CURRENT SURNAME _____
 B. BIRTH SURNAME, IF DIFFERENT _____
 * CHANGING MIDDLE AND/OR SURNAME UPON MARRIAGE IS OPTIONAL, SEE BACK FOR INFORMATION.
 * MIDDLE NAME AFTER MARRIAGE (IF CHANGING) _____
 * SURNAME AFTER MARRIAGE (IF CHANGING) _____
 E. 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 USUAL OCCUPATION _____

15. PLACE OF BIRTH _____
 (CITY, STATE or COUNTRY, IF NOT USA)

16. FATHER OR PARENT
 A. NAME (ON CURRENT BIRTH CERTIFICATE) _____
 B. COUNTRY OF BIRTH _____

17. MOTHER OR PARENT
 A. NAME (ON CURRENT BIRTH CERTIFICATE) _____
 B. COUNTRY OF BIRTH _____

18. NUMBER OF THIS MARRIAGE: _____ 19. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY
 DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____

19. 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 (MONTH, DAY, YEAR)	PLACE ISSUED (CITY/COUNTY, STATE or COUNTRY, IF NOT USA)	AGAINST WHOM 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"/>

- Please print your information in the form above.
- It is important to call ahead and schedule an appointment. This is to assure that a registrar is here to prepare your license. 772-0357 (Ext. 26)
- Receipt of this form prior to your appointment will expedite the licensing process.

Town of Binghamton, Town Clerk's Office, 279 Park Avenue, Binghamton, NY. 13903