

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

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

SUPPLEMENTAL FILE \_\_\_\_\_

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.*  
\* C. MIDDLE NAME AFTER MARRIAGE (IF CHANGING) \_\_\_\_\_  
\* D. 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.*  
\* C. MIDDLE NAME AFTER MARRIAGE (IF CHANGING) \_\_\_\_\_  
\* D. 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"/>

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  
SIGNATURE OF TOWN OR CITY CLERK ► \_\_\_\_\_ DATE \_\_\_\_\_

- 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. (607) 772-0357, Extension 026
- Appointments are Monday thru Friday from 1:00 p.m. to 3:00 p.m.

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

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT

ZIP  
STATE  
CITY / TOWN / VILLAGE  
AFFIDAVIT  
STREET AND NUMBER