

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

COUNTY CITY/TOWN DISTRICT NUMBER REGISTER NUMBER

SUPPLEMENTAL FILE

BRIDE/GROOM/SPOUSE

BRIDE/GROOM/SPOUSE

1. A. CURRENT FIRST NAME, B. BIRTH SURNAME, 2. RESIDENCE, 3. A. AGE, B. DATE OF BIRTH, 4. EMPLOYMENT, 5. PLACE OF BIRTH, 6. FATHER OR PARENT, 7. MOTHER OR PARENT, 8. NUMBER OF THIS MARRIAGE, 9. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY, 10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION

11. A. CURRENT FIRST NAME, B. BIRTH SURNAME, 12. RESIDENCE, 13. A. AGE, B. DATE OF BIRTH, 14. EMPLOYMENT, 15. PLACE OF BIRTH, 16. FATHER OR PARENT, 17. MOTHER OR PARENT, 18. NUMBER OF THIS MARRIAGE, 19. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY, 20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION

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

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.

24. TOWN OR CITY CLERK NAME (PRINT), SIGNATURE, DATE, MAILING ADDRESS, 25. A. SOLEMNIZATION PERIOD BEGINS, 25. B. SOLEMNIZATION PERIOD ENDS AT MIDNIGHT ON

26. SOLEMNIZATION OCCURRED, 27. TYPE OF CEREMONY, 28. PLACE WHERE MARRIAGE OCCURRED, 29. OFFICIANT NAME (PRINT), SIGNATURE, DATE, MAILING ADDRESS

30. WITNESS TO CEREMONY, 31. WITNESS TO CEREMONY

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT

ZIP CITY/TOWN/VILLAGE AFFIDAVIT STREET AND NUMBER LICENSE CERTIFICATE