

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. 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 CITY ☐ TOWN ☐ VILLAGE ☐  
AND SPECIFY \_\_\_\_\_  
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: \_\_\_\_\_ DIVORCE: \_\_\_\_\_ CIVIL ANNULMENT: \_\_\_\_\_ DEATH: \_\_\_\_\_
9. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY  
THIS MARRIAGE: \_\_\_\_\_ 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<br>(MONTH, DAY, YEAR) | PLACE ISSUED<br>(CITY/COUNTY, STATE or COUNTRY, IF NOT USA) | AGAINST WHOM<br>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. 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 CITY ☐ TOWN ☐ VILLAGE ☐  
AND SPECIFY \_\_\_\_\_  
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: \_\_\_\_\_ DIVORCE: \_\_\_\_\_ CIVIL ANNULMENT: \_\_\_\_\_ DEATH: \_\_\_\_\_
19. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY  
THIS MARRIAGE: \_\_\_\_\_ 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<br>(MONTH, DAY, YEAR) | PLACE ISSUED<br>(CITY/COUNTY, STATE or COUNTRY, IF NOT USA) | AGAINST WHOM<br>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 \_\_\_\_\_

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

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 \_\_\_\_\_

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 ► \_\_\_\_\_

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT

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

AFFIDAVIT

LICENSE

CERTIFICATE

# Attention:

## Applicants

### Social Security Numbers

Social Security Numbers of the applicants are mandatory. They are required by New York State Domestic Relations Law Section 15 and 42 U.S.C. 666(a). They may be used for child support enforcement purposes.

### Notice:

If either or both parties wish to change the middle and/or surname by which he or she is known after marriage, please review the information below. Complete item 1C and/or 11C on the front side of this record to change middle name. Complete item 1D and/or 11D on the front side of this record to change surname.

- (1) Every person has the right to adopt any name by which he or she wishes to be known simply by using that name consistently and without intent to defraud.
- (2) A person's last name (surname) does not automatically change upon marriage, and neither party to the marriage must change his or her last name. Parties to a marriage need not have the same last name.
- (3) One or both parties to a marriage may elect to change the surname by which he or she wishes to be known after the solemnization of the marriage by entering the new name in the appropriate space provided in the Affidavit Section of this application. Such entry shall consist of one of the following surnames:
  - (i) the surname of the other spouse; or
  - (ii) any former surname of either spouse; or
  - (iii) a name combining into a single surname all or a segment of the premarriage surname or any former surname of each spouse; or
  - (iv) a combination name separated by a hyphen or space, provided that each part of such combination surname is the premarriage surname, or any former surname, of each of the spouses.
- (4) One or both parties to a marriage may elect to change the middle name by which he or she wishes to be known after the solemnization of the marriage by entering the new name in the appropriate space provided in the Affidavit Section of this application. Such entry shall consist of one of the following options:
  - (i) the current surname of the spouse electing to change his or her name; or
  - (ii) any former surname of the spouse electing to change his or her name; or
  - (iii) the surname of the other spouse.
- (5) The use of this option will have the effect of providing a record of the change of name. The marriage certificate, containing the new name, if any, constitutes proof that the use of the new name, or the retention of the former name, is lawful.
- (6) Neither the use of, nor the failure to use, this option of selecting a new surname or middle name by means of this application abrogates the right of each person to adopt a different name through usage at some future date.

## Clerk

- All entries must be typed or printed.
- Applicants must provide all information in the affidavit section.
- Issue original to couple after making a photocopy.
- Retain photocopy until original copy is returned by the officiant.