

**ROTTERDAM TOWN CLERK  
MARRIAGE LICENSE APPLICATION**

**MARRIAGE LICENSE APPLICATIONS ARE PROCESSED M-F BETWEEN THE HOURS OF 8:30-3:30**

License Number: \_\_\_\_\_ **Application Fee: \$40** Time: \_\_\_\_\_

Date: \_\_\_\_\_ Solemnization Period Ends: \_\_\_\_\_

**Bride/Groom/Spouse Information**

Name: \_\_\_\_\_

First Middle Current Surname

Birth Name (If Different): \_\_\_\_\_

Surname After Marriage: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Residence: \_\_\_\_\_

State County

Check One:  City  Town  Village

Municipality Name: \_\_\_\_\_

Street Address Zip Code

Residence within Limits of City/Inc. Village?  Yes  No

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex (Optional): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Usual Occupation: \_\_\_\_\_

Industry Type: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Number of This Marriage: \_\_\_\_\_

**Previous Marriages**

Number Of Previous Marriages Which Ended By:

Divorce \_\_\_\_\_ Civil Annulment \_\_\_\_\_ Death \_\_\_\_\_

Last Marriage Ended in  Divorce  Annulment  Death

Date Last Marriage Ended: \_\_\_\_\_

Are Any Former Spouse(s) Alive?  Yes  No

If Previous Divorced or Annulled, Provide the Following:

Date of Decree Place Issued Against Whom

1<sup>st</sup> \_\_\_\_\_  Self  Spouse

2<sup>nd</sup> \_\_\_\_\_  Self  Spouse

3<sup>rd</sup> \_\_\_\_\_  Self  Spouse

**Bride/Groom/Spouse Information**

Name: \_\_\_\_\_

First Middle Current Surname

Birth Name (If Different): \_\_\_\_\_

Surname After Marriage: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Residence: \_\_\_\_\_

State County

Check One:  City  Town  Village

Municipality Name: \_\_\_\_\_

Street Address Zip Code

Residence within Limits of City/Inc. Village?  Yes  No

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex (Optional): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Usual Occupation: \_\_\_\_\_

Industry Type: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Number of This Marriage: \_\_\_\_\_

**Previous Marriages**

Number Of Previous Marriages Which Ended By:

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2<sup>nd</sup> \_\_\_\_\_  Self  Spouse

3<sup>rd</sup> \_\_\_\_\_  Self  Spouse

**NOTE: Certified copies of all divorce decrees and/or death certificates are required.**

Signature \_\_\_\_\_ Signature \_\_\_\_\_

COMPLETE ADDRESS WHERE YOUR MARRIAGE CERTIFICATE SHOULD BE MAILED TO AFTER MARRIAGE: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**Proof of Age and Identity are required: Certified Birth Certificate, Baptismal record, Naturalization record, or Census record AND a valid Driver's License, Passport, or Immigration record.**

**7/2015**