

**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

1st _____ Self Spouse

2nd _____ Self Spouse

3rd _____ 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: _____

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Last Marriage Ended in Divorce Annulment Death

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Are Any Former Spouse(s) Alive? Yes No

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1st _____ Self Spouse

2nd _____ Self Spouse

3rd _____ 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.

7/2017