

APPLICATION FOR MARRIAGE LICENSE TO THE TOWN CLERK, ROTTERDAM, N.Y.

LICENSE NO: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

FROM THE GROOM

FROM THE BRIDE

1. A. FULL NAME \_\_\_\_\_  
FIRST MIDDLE CURRENT SURNAME

B. BIRTH NAME, IF DIFFERENT \_\_\_\_\_

C. SURNAME AFTER MARRIAGE \_\_\_\_\_  
(OPTIONAL - SEE REVERSE)

D. 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 \_\_\_\_\_ 3B. DATE OF BIRTH \_\_\_\_\_  
MONTH DAY YEAR

4. EMPLOYMENT  
 A. USUAL OCCUPATION \_\_\_\_\_  
 B. TYPE OF INDUSTRY OR BUSINESS \_\_\_\_\_

5. PLACE OF BIRTH \_\_\_\_\_  
(CITY, STATE/COUNTRY IF NOT USA)

6. FATHER  
 A. NAME \_\_\_\_\_  
 B. COUNTRY OF BIRTH \_\_\_\_\_

7. MOTHER  
 A. MAIDEN NAME \_\_\_\_\_  
 B. COUNTRY OF BIRTH \_\_\_\_\_

8. NUMBER OF THIS MARRIAGE \_\_\_\_\_

9. PREVIOUS MARRIAGES  
 A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY  
DIVORCE CIVIL ANNULMENT DEATH

B. HOW DID LAST MARRIAGE END? (3)  DIVORCE (3)  ANNULMENT (2)  DEATH

C. DATE LAST MARRIAGE ENDED? \_\_\_\_\_  
MONTH DAY YEAR

D. ARE ANY FORMER SPOUSE(S) ALIVE?  YES  NO

10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION  
DATE OF DECREE PLACE ISSUED AGAINST WHOM  
(MONTH, DAY, YEAR) (CITY, STATE/COUNTRY, IF NOT USA) 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. FULL NAME \_\_\_\_\_  
FIRST MIDDLE CURRENT SURNAME

B. BIRTH NAME (MAIDEN NAME), IF DIFFERENT \_\_\_\_\_

C. SURNAME AFTER MARRIAGE \_\_\_\_\_  
(OPTIONAL - SEE REVERSE)

D. 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 \_\_\_\_\_ 13.B. DATE OF BIRTH \_\_\_\_\_  
MONTH DAY YEAR

14. EMPLOYMENT  
 A. USUAL OCCUPATION \_\_\_\_\_  
 B. TYPE OF INDUSTRY OR BUSINESS \_\_\_\_\_

15. PLACE OF BIRTH \_\_\_\_\_  
(CITY, STATE/COUNTRY IF NOT USA)

16. FATHER  
 A. NAME \_\_\_\_\_  
 B. COUNTRY OF BIRTH \_\_\_\_\_

17. MOTHER  
 A. MAIDEN NAME \_\_\_\_\_  
 B. COUNTRY OF BIRTH \_\_\_\_\_

18. NUMBER OF THIS MARRIAGE \_\_\_\_\_

19. PREVIOUS MARRIAGES  
 A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY  
DIVORCE CIVIL ANNULMENT DEATH

B. HOW DID LAST MARRIAGE END? (3)  DIVORCE (3)  ANNULMENT (2)  DEATH

C. DATE LAST MARRIAGE ENDED? \_\_\_\_\_  
MONTH DAY YEAR

D. ARE ANY FORMER SPOUSE(S) ALIVE?  YES  NO

20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION  
DATE OF DECREE PLACE ISSUED AGAINST WHOM  
(MONTH, DAY, YEAR) (CITY, STATE/COUNTRY, IF NOT USA) 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"/>

ZIP STATE CITY/TOWN/VILLAGE St. and No.