

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. 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 AND SPECIFY CITY TOWN VILLAGE  
D. STREET ADDRESS ZIP  
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO  
3. A. AGE B. DATE OF BIRTH MM/DD/YYYY C. SEX (OPTIONAL)  
4. EMPLOYMENT  
A. USUAL OCCUPATION  
B. TYPE OF INDUSTRY OR BUSINESS  
5. PLACE OF BIRTH (CITY, STATE / COUNTRY, IF NOT USA)  
6. FATHER OR PARENT  
A. NAME (OR MAIDEN NAME, IF APPLICABLE)  
B. COUNTRY OF BIRTH  
7. MOTHER OR PARENT  
A. NAME (OR MAIDEN NAME, IF APPLICABLE)  
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? 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 PLACE ISSUED AGAINST WHOM  
(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE  
1ST 2ND 3RD 4TH

BRIDE/GROOM/SPOUSE

11. A. FULL NAME  
FIRST MIDDLE CURRENT SURNAME  
B. BIRTH NAME, IF DIFFERENT  
C. SURNAME AFTER MARRIAGE  
(OPTIONAL - SEE REVERSE)  
D. SOCIAL SECURITY NUMBER  
12. RESIDENCE A. B. (STATE) (COUNTY)  
C. CHECK ONE AND SPECIFY CITY TOWN VILLAGE  
D. STREET ADDRESS ZIP  
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO  
13. A. AGE B. DATE OF BIRTH MM/DD/YYYY C. SEX (OPTIONAL)  
14. EMPLOYMENT  
A. USUAL OCCUPATION  
B. TYPE OF INDUSTRY OR BUSINESS  
15. PLACE OF BIRTH (CITY, STATE / COUNTRY, IF NOT USA)  
16. FATHER OR PARENT  
A. NAME (OR MAIDEN NAME, IF APPLICABLE)  
B. COUNTRY OF BIRTH  
17. MOTHER OR PARENT  
A. NAME (OR MAIDEN NAME, IF APPLICABLE)  
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? 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 PLACE ISSUED AGAINST WHOM  
(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE  
1ST 2ND 3RD 4TH

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  
USE CURRENT NAME 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

MAILING ADDRESS:

STREET

CITY/TOWN

STATE

ZIP

26. SOLEMNIZATION OCCURRED

TIME MONTH DAY YEAR

AM PM

27. TYPE OF CEREMONY

0 RELIGIOUS 1 CIVIL

9 OTHER, SPECIFY

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.

29. OFFICIANT NAME (PRINT)

TITLE

SIGNATURE

DATE

MAILING ADDRESS:

STREET

CITY/TOWN

STATE

ZIP

30. WITNESS TO CEREMONY

NAME (PRINT)

SIGNATURE

31. WITNESS TO CEREMONY

NAME (PRINT)

SIGNATURE

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

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT

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