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COUNTY STATE OF NEW YORK CITY/TOWN DEPARTMENT OF HEALTH DISTRICT NUMBER AFFIDAVIT, LICENSE and REGISTER NUMBER **CERTIFICATE OF MARRIAGE** SUPPLEMENTAL FILE BRIDE/GROOM/SPOUSE BRIDE/GROOM/SPOUSE 1. A. CURRENT FIRST NAME 11. A. CURRENT FIRST NAME CURRENT MIDDLE NAME CURRENT MIDDLE NAME CURRENT SURNAME CURRENT SURNAME B. BIRTH SURNAME, IF DIFFERENT B. BIRTH SURNAME, IF DIFFERENT \* CHANGING MIDDLE AND/OR SURNAME UPON MARRIAGE IS OPTIONAL, SEE BACK FOR INFORMATION. CHANGING MIDDLE AND/OR SURNAME UPON MARRIAGE IS OPTIONAL, SEE BACK FOR INFORMATION. \* C. MIDDLE NAME AFTER \* C. MIDDLE NAME AFTER \* D. SURNAME AFTER \* D. SURNAME AFTER MARRIAGE (IF CHANGING) MARRIAGE (IF CHANGING) E. SOCIAL SECURITY NUMBER E. SOCIAL SECURITY NUMBER 2. RESIDENCE A. 12. RESIDENCE A (STATE) CITY TOWN VILLAGE CITY TOWN VILLAGE C. CHECK ONE C. CHECK ONE AND SPECIFY **SPECIFY** D. STREET ADDRESS\_ D. STREET ADDRESS YES NO E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO B. DATE OF BIRTH C. SEX (OPTIONAL) B. DATE OF BIRTH MM/DD/YYYY MM/DD/YYYY 4. EMPLOYMENT 14. EMPLOYMENT USUAL OCCUPATION USUAL OCCUPATION 5. PLACE OF BIRTH 15. PLACE OF BIRTH (CITY, STATE or COUNTRY, IF NOT USA) (CITY, STATE or COUNTRY, IF NOT USA) 6. FATHER OR PARENT 16 FATHER OR PARENT A. NAME (ON CURRENT BIRTH CERTIFICATE) A. NAME (ON CURRENT BIRTH CERTIFICATE) DAVI B. COUNTRY OF BIRTH B. COUNTRY OF BIRTH 7. MOTHER OR PARENT 17. MOTHER OR PARENT AFFI A. NAME (ON CURRENT BIRTH CERTIFICATE) B. COUNTRY OF BIRTH B. COUNTRY OF BIRTH 9. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY 19. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY 8. NUMBER OF 18. NUMBER OF DIVORCE: CIVIL ANNULMENT: DIVORCE: CIVIL ANNULMENT: 9. 8. HOW DID LAST MARRIAGE END? DIVORCE (3) ANNULMENT (3) DEATH (2) 19. B. HOW DID LAST MARRIAGE END? DIVORCE (3) ANNULMENT (3) DEATH (2) C. DATE LAST MARRIAGE ENDED? C. DATE LAST MARRIAGE ENDED? MM/DD/YYYY MM/DD/YYYY D. ARE ANY FORMER SPOUSE(S) ALIVE? YES NO D. ARE ANY FORMER SPOUSE(S) ALIVE? YES NO 10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION 20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION DATE OF DECREE PLACE ISSUED (MONTH, DAY, YEAR) (CITY/COUNTY, STATE or COUNTRY, IF NOT USA) AGAINST WHOM SELF SPOUSE DATE OF DECREE PLACE ISSUED
(MONTH, DAY, YEAR) (CITY/COUNTY, STATE or COUNTRY, IF NOT USA) 1ST 2ND 3RD 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. 22. SIGNATURE ▶ \_ 21. SIGNATURE ▶ USE CURRENT NAME USE CURRENT NAME 23. SUBSCRIBED AND SWORN TO/AFFIRMED BEFORE ME SIGNATURE OF TOWN OR CITY CLERK► 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. ICENSE 24 TOWN OR CITY CLERK 25. A. SOLEMNIZATION PERIOD BEGINS 25. B. SOLEMNIZATION PERIOD ENDS AT MIDNIGHT ON: NAME (PRINT) MONTH MONTH YEAR **SEAL** SIGNATURE > MAILING ADDRESS: AM CITY/TOWN I CERTIFY THAT I SOLEMNIZED THE MARRIAGE OF THE PARTIES NAMED 26. SOLEMNIZATION OCCURRED MONTH | 1 27. TYPE OF CEREMON 28. PLACE WHERE MARRIAGE OCCURRED 0 RELIGIOUS 1 CIVIL ISSUING CLERK WITHINS OF SOLEMNIZATION. A. STATE NEW YORK ABOVE ON THE DATE AND AT THE 9 OTHER, SPECIFY TIME AND PLACE INDICATED. B. COUNTY C. LOCATION OF CEREMONY (CHECK ONE AND SPECIFY) 29. OFFICIANT ICAT NAME (PRINT) SIGNATURE ▶ CITY VILLAGE [ LICENSE TO ISSUIN FIVE (5) DAYS OF S Ī. MAILING ADDRESS: RT OF (SPECIFY) CITY/TOWN STATE ZIP STREET NAME OF LOCALITY CEI 31. WITNESS TO CEREMONY 30. WITNESS TO CEREMONY NAME (PRINT) NAME (PRINT) SIGNATURE ▶ SIGNATURE ▶ DOH-98 (12/2020)

**STATE FILE NUMBER** (THIS SPACE FOR STATE USE ONLY)