

Acte de Mariage / Certificate of Marriage New York State

DEPARTMENT OF HEALTH
**AFFIDAVIT, LICENSE and
 CERTIFICATE OF
 MARRIAGE**

SUPPLEMENTAL FILE

FROM THE GROOM

1. A. FULL NAME: LAST, MIDDLE, GIVEN NAME

B. BIRTH NAME, IF DIFFERENT

C. SURNAMES AFTER MARRIAGE (OPTIONAL - SEE INSTRUCTIONS)

2. RESIDENCE A. _____ B. _____

3. CHECK ONE: CITY TOWN VILLAGE PROFFY

4. STREET ADDRESS _____ OF _____

5. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO

6. A. AGE _____ B. DATE OF BIRTH: MONTH / DAY / YEAR

7. EMPLOYMENT

A. USUAL OCCUPATION _____

B. TYPE OF INDUSTRY OR BUSINESS _____

8. PLACE OF BIRTH: CITY, STATE/COUNTRY, IF NOT USA

9. FATHER

A. NAME _____

B. COUNTRY OF BIRTH _____

10. MOTHER

A. MARRIED NAME _____

B. COUNTRY OF BIRTH _____

11. NUMBER OF THIS MARRIAGE _____

12. PREVIOUS MARRIAGES

PREVIOUS MARRIAGES	TERMINATED BY	DATE
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE	CIVIL ANNULLMENT	DEATH
B. HOW DO LAST MARRIAGE END? <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULLMENT <input type="checkbox"/> DEATH		
C. DATE LAST MARRIAGE ENDED: MONTH / DAY / YEAR		
D. ARE ANY FORMER SPOUSES ALIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

13. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION:

DATE OF DIVORCE OR ANNULMENT	PLACE OF DIVORCE OR ANNULMENT	NAME OF COURT
1ST _____		
2ND _____		
3RD _____		
4TH _____		

FROM THE BRIDE

1. A. FULL NAME: LAST, MIDDLE, GIVEN NAME

B. BIRTH NAME, MARRIED NAME, IF DIFFERENT

C. SURNAMES AFTER MARRIAGE (OPTIONAL - SEE INSTRUCTIONS)

2. RESIDENCE A. _____ B. _____

3. CHECK ONE: CITY TOWN VILLAGE PROFFY

4. STREET ADDRESS _____ OF _____

5. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO

6. A. AGE _____ B. DATE OF BIRTH: MONTH / DAY / YEAR

7. EMPLOYMENT

A. USUAL OCCUPATION _____

B. TYPE OF INDUSTRY OR BUSINESS _____

8. PLACE OF BIRTH: CITY, STATE/COUNTRY, IF NOT USA

9. FATHER

A. NAME _____

B. COUNTRY OF BIRTH _____

10. MOTHER

A. MARRIED NAME _____

B. COUNTRY OF BIRTH _____

11. NUMBER OF THIS MARRIAGE _____

12. PREVIOUS MARRIAGES

PREVIOUS MARRIAGES	TERMINATED BY	DATE
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE	CIVIL ANNULLMENT	DEATH
B. HOW DO LAST MARRIAGE END? <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULLMENT <input type="checkbox"/> DEATH		
C. DATE LAST MARRIAGE ENDED: MONTH / DAY / YEAR		
D. ARE ANY FORMER SPOUSES ALIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

13. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION:

DATE OF DIVORCE OR ANNULMENT	PLACE OF DIVORCE OR ANNULMENT	NAME OF COURT
1ST _____		
2ND _____		
3RD _____		
4TH _____		

I, being duly sworn, declare and say that the information herein is true and correct to the best of my knowledge and belief.

E. SIGNATURE OF GROOM: _____ F. SIGNATURE OF BRIDE: _____

G. WITNESSES: _____ H. DATE: _____

LICENSE

The State authorizes the marriage in New York State of the bride and groom named above by any person authorized by New York Domestic Relations Law § 11 to perform marriages in places within New York State. THIS LICENSE VALID IN NEW YORK STATE ONLY.

12:00 AM

II. A. SOLICITATION PERIOD BEGINS				II. B. SOLICITATION PERIOD ENDS		
TIME	MONTH	DAY	YEAR	MONTH	DAY	YEAR
10:00 AM						

III. SIGNATURE OF OFFICIAL: _____ DATE: _____

CERTIFICATE

I HEREBY CERTIFY THAT I HAVE PERFORMED THE MARRIAGE OF THE ABOVE NAMED PARTIES IN ACCORDANCE WITH THE LAWS OF NEW YORK STATE.

IV. OFFICIAL NAME (PRINT): _____ TITLE: _____

SIGNATURE: _____ DATE: _____

STREET: _____ CITY: _____ STATE: _____

VI. WITNESSES TO MARRIAGE

NAME (PRINT)	SIGNATURE
_____	_____
_____	_____

VI. PLACE WHERE MARRIAGE OCCURRED

A. STATE: NEW YORK & COUNTY: Sullivan

B. LOCATION OF CEREMONY (CHECK ONE AND SPECIFY)

CITY OF TOWN OF VILLAGE OF _____

PROFFY: _____