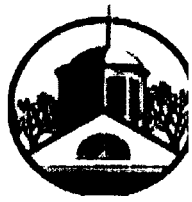


Amy Zabek
Town Clerk



Town of "Moving Forward Together" Whitestown

New York Mills • Oriskany • Whitesboro • Yorkville

OFFICE OF THE TOWN CLERK

Whitestown Town Offices, 8539 Clark Mills Rd
Whitesboro, NY 13492
Tel.: (315) 736-4224 Fax: (315) 736-9651
dmanley@whitestown.net

WORKSHEET FOR MARRIAGE LICENSE

(Must be completed for BOTH spouses)

GROOM/BRIDE (circle one)

1 A. FULL NAME _____
FIRST MIDDLE CURRENT SURNAME

B. BIRTH NAME, IF DIFFERENT _____

C. SURNAME AFTER MARRIAGE (OPTIONAL) _____

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 _____ B. DATE OF BIRTH _____ C. SEX _____
MM/DD/YYYY

4. EMPLOYMENT: A. OCCUPATION: _____

4. 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: NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY:
DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____

B. HOW DID LAST MARRIAGE END? DIVORCE ANNULMENT DEATH

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 INFO:

DATE OF DECREE (MM/DD/YYYY)	PLACE ISSUED (CITY/COUNTY, STATE/COUNTRY)	AGAINST WHOM SELF	SPOUSE
1 ST _____		<input type="checkbox"/>	<input type="checkbox"/>
2 ND _____		<input type="checkbox"/>	<input type="checkbox"/>
3 RD _____		<input type="checkbox"/>	<input type="checkbox"/>
4 TH _____		<input type="checkbox"/>	<input type="checkbox"/>

TELEPHONE # _____

BRIDE/GROOM (circle one)

1 A. FULL NAME _____
FIRST MIDDLE CURRENT SURNAME

B. BIRTH NAME, IF DIFFERENT _____

C. SURNAME AFTER MARRIAGE (OPTIONAL) _____

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 _____ B. DATE OF BIRTH _____ C. SEX _____
MM/DD/YYYY

4. EMPLOYMENT: A. OCCUPATION: _____

4. 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: NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY:
DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____

B. HOW DID LAST MARRIAGE END? DIVORCE ANNULMENT DEATH

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 INFO:

DATE OF DECREE (MM/DD/YYYY)	PLACE ISSUED (CITY/COUNTY, STATE/COUNTRY)	AGAINST WHOM SELF	SPOUSE
1 ST _____		<input type="checkbox"/>	<input type="checkbox"/>
2 ND _____		<input type="checkbox"/>	<input type="checkbox"/>
3 RD _____		<input type="checkbox"/>	<input type="checkbox"/>
4 TH _____		<input type="checkbox"/>	<input type="checkbox"/>

TELEPHONE # _____