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
townclerk@whitestownny.gov &/or dmanley@whitestownny.gov

WORKSHEET FOR MARRIAGE LICENSE

(Must be completed for BOTH spouses)

GROOM/BRIDE (circle one)

I A. FULL NAME _____
FIRST MIDDLE CURRENT SURNAME

B. BIRTH NAME, IF DIFFERENT _____

C. SURNAME AFTER MARRIAGE (OPTIONAL) _____

D. SOCIAL SECURITY NUMBER _____

2. RESIDENCE A. _____ (STATE) B. _____ (COUNTY)
C. CHECK ONE: CITY ☐ TOWN ☐ VILLAGE ☐

AND SPECIFY _____

D. STREET ADRESS _____ 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 _____

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
1ST			☐	☐
2ND			☐	☐
3RD			☐	☐
4TH			☐	☐

TELEPHONE # _____

BRIDE/GROOM (circle one)

I A. FULL NAME _____
FIRST MIDDLE CURRENT SURNAME

B. BIRTH NAME, IF DIFFERENT _____

C. SURNAME AFTER MARRIAGE (OPTIONAL) _____

D. SOCIAL SECURITY NUMBER _____

2. RESIDENCE A. _____ (STATE) B. _____ (COUNTY)
C. CHECK ONE: CITY ☐ TOWN ☐ VILLAGE ☐

AND SPECIFY _____

D. STREET ADRESS _____ 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 _____

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
1ST			☐	☐
2ND			☐	☐
3RD			☐	☐
4TH			☐	☐

TELEPHONE # _____