## TOWN OF SENECA RECORDS DEPARTMENT

3675 Flint Road, Stanley, NY 14561 P: (585) 526-5251 | F: (585) 526-6981 | TDD: (800) 622-1220 www.townofseneca.com

## MARRIAGE LICENSE FORM

#### Bride/Groom/Spouse #1

#### INFORMATION ABOUT YOU

FULL NAME:					
		First	Middle	Current Surname	
BIRTH NAME (if a	different):				
SURNAME AFTE	R MARRIAGE:				
SOCIAL SECURI	ΓY NUMBER:				
RESIDENCE:					
	STREET	ADDRESS	CITY	STATE	ZIP
CHECK ONE:	City				
	Town Name of City, Town, or Village				
	Village	_	Is residence within limites of a city or incorporated vill		
			YES	NO	
AGE:		DATE OF BIRTH:		SEX:	
					Optional
PARENTS					
FATHER OR PAR	ENT:				
NAME (WITH MAIDE	EN NAME IF APPLICABLE	E):			
COUNTRY OF BI	RTH:				
MOTHER OR PAI	RENT:				
NAME (WITH MAIDE	N NAME IF APPLICABLE	ː			
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## **MARRIAGES**

NUMBER OF PREV	TIOUS MARRIAGES WITH ENDED BY:	Divorce: Civil	Annulment:	
HOW DID THE LAS	ST MARRIAGE END? Divorce:	Civil Annulment:	Death:	
DATE LAST MARR	NAGE ENDED:			
ARE ANY FORMER	R SPOUSES ALIVE? Yes	No		
IF PREVIOUSLY D	IVORCED OR ANNULED, PROVIDE TH	E FOLLOWING INFORMA	TION:	
DATE OF DECREE PLACE ISSU		SUED	AGAINS	ST WHOM
MONTH, DAY, YEAR	CITY/COUNTY, STATE/COU	NTRY, IF NOT USA	Self	Spouse
	Bride/Gro	oom/Spouse #2		
		oom/Spouse #2 TION ABOUT YOU		
FULL NAME:		TION ABOUT YOU	Current Surname	
	INFORMAT	TION ABOUT YOU  Middle	Current Surname	
BIRTH NAME (if dij	<b>INFORMAT</b> First	TION ABOUT YOU  Middle	Current Surname	
BIRTH NAME (if dij	INFORMAT  First  fferent):	FION ABOUT YOU  Middle	Current Surname	
BIRTH NAME (if dij	INFORMAT  First  MARRIAGE:	FION ABOUT YOU  Middle	Current Surname	
BIRTH NAME (if dij SURNAME AFTER SOCIAL SECURITY	INFORMAT  First  MARRIAGE:	FION ABOUT YOU  Middle	Current Surname	
BIRTH NAME (if dij SURNAME AFTER SOCIAL SECURITY	INFORMAT  First  fferent):  MARRIAGE:  Y NUMBER:  STREET ADDRESS  City	Middle  CITY	Current Surname	
BIRTH NAME (if dip SURNAME AFTER SOCIAL SECURITY RESIDENCE:	INFORMAT  First  fferent):  MARRIAGE:  Y NUMBER:  STREET ADDRESS  City  Town	TION ABOUT YOU  Middle  CITY	Current Surname  STATE  e of City, Town, or Village	ZIP
BIRTH NAME (if dip SURNAME AFTER SOCIAL SECURITY RESIDENCE:	INFORMAT  First  fferent):  MARRIAGE:  Y NUMBER:  STREET ADDRESS  City	Middle  CITY	STATE  e of City, Town, or Village ites of a city or incor	porated village?
BIRTH NAME (if dip SURNAME AFTER SOCIAL SECURITY RESIDENCE:	INFORMAT  First  fferent):  MARRIAGE:  Y NUMBER:  STREET ADDRESS  City  Town  Village  Village	CITY  Nam  Is residence within lim.	STATE  state  e of City, Town, or Village  ites of a city or incor  NO  SEX:	porated village?
BIRTH NAME (if dip SURNAME AFTER SOCIAL SECURITY RESIDENCE:	INFORMAT  First  fferent):  MARRIAGE:  Y NUMBER:  STREET ADDRESS  City  Town  Village  Village	CITY  Nam  Is residence within limiting.	STATE  state  e of City, Town, or Village  ites of a city or incor  NO  SEX:	zip

# **PARENTS** FATHER OR PARENT: \_\_\_\_\_ NAME (WITH MAIDEN NAME IF APPLICABLE): COUNTRY OF BIRTH: MOTHER OR PARENT: NAME (WITH MAIDEN NAME IF APPLICABLE): COUNTRY OF BIRTH:

#### **MARRIAGES**

NUMBER OF THIS MARRIAGE:		
NUMBER OF PREVIOUS MARRIAGES WITH ENDED BY: Divorce:	Civil Annulment:	Death:
HOW DID THE LAST MARRIAGE END? Divorce: Civil Annulment:	Death:	_
DATE LAST MARRIAGE ENDED:		
ARE ANY FORMER SPOUSES ALIVE? Yes		

#### IF PREVIOUSLY DIVORCED OR ANNULED, 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				

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