

# TOWN OF SENECA RECORDS DEPARTMENT

3675 Flint Road, Stanley, NY 14561

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www.townofseneca.com

## MARRIAGE LICENSE FORM

*Bride/Groom/Spouse #1*

### INFORMATION ABOUT YOU

FULL NAME: \_\_\_\_\_  
*First Middle Current Surname*

BIRTH NAME (if different): \_\_\_\_\_

SURNAME AFTER MARRIAGE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_  
*STREET ADDRESS CITY STATE ZIP*

CHECK ONE: *City* \_\_\_\_\_ *Name of City, Town, or Village* \_\_\_\_\_  
*Town* \_\_\_\_\_  
*Village* \_\_\_\_\_

Is residence within limites of a city or incorporated village?  
YES \_\_\_\_\_ NO \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_  
*Optional*

OCCUPATION/TITLE: \_\_\_\_\_

INDUSTRY OR BUSINESS: \_\_\_\_\_

### 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* \_\_\_\_\_ *No* \_\_\_\_\_

IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION:

	DATE OF DECREE	PLACE ISSUED	AGAINST WHOM	
	<i>MONTH, DAY, YEAR</i>	<i>CITY/COUNTY, STATE/COUNTRY, IF NOT USA</i>	<i>Self</i>	<i>Spouse</i>
1ST				
2ND				
3RD				
4TH				

*Bride/Groom/Spouse #2*

## INFORMATION ABOUT YOU

FULL NAME: \_\_\_\_\_  
*First Middle Current Surname*

BIRTH NAME (if different): \_\_\_\_\_

SURNAME AFTER MARRIAGE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_  
*STREET ADDRESS CITY STATE ZIP*

CHECK ONE: *City* \_\_\_\_\_  
*Town* \_\_\_\_\_  
*Village* \_\_\_\_\_

\_\_\_\_\_  
*Name of City, Town, or Village*

Is residence within limites of a city or incorporated village?

YES \_\_\_\_\_ NO \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_  
*Optional*

OCCUPATION/TITLE: \_\_\_\_\_

INDUSTRY OR BUSINESS: \_\_\_\_\_

## 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 \_\_\_\_\_ No \_\_\_\_\_

IF PREVIOUSLY DIVORCED OR ANNULED, PROVIDE THE FOLLOWING INFORMATION:

	DATE OF DECREE	PLACE ISSUED	AGAINST WHOM	
	MONTH, DAY, YEAR		Self	Spouse
1ST				
2ND				
3RD				
4TH				

