

TOWN OF
SENECA

3675 Flint Road, Stanley, New York 14561

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MARRIAGE LICENSE INFORMATION

BRIDE/GROOM/SPOUSE #1

1. A. FULL NAME: _____
FIRST MIDDLE CURRENT SURNAME

B. BIRTH NAME, IF DIFFERENT: _____

C. SURNAME AFTER MARRIAGE: _____

D. SOCIAL SECURITY NUMBER: _____

2. RESIDENCE: A. _____ B. _____
(STATE) (COUNTY)

C. CHECK ONE CITY TOWN VILLAGE

AND SPECIFY : _____

D. STREET ADDRESS: _____ ZIP: _____

E. IS RESIENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO

3. A. AGE _____ B. DATE OF BIRTH: _____ C. SEX: _____
MM/DD/YYYY (OPTIONAL)

4. EMPLOYMENT

A. USUAL OCCUPATION: _____

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: _____

BRIDE/GROOM/SPOUSE #1

8. NUMBER OF THIS MARRIAGE: _____

9. PREVIOUS MARRIAGES:

A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY:

DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____

B: HOW DID LAST MARRIAGE END?

DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____

C. DATE LAST MARRIAGE ENDED? _____
MM/DD/YYYY

D. ARE ANY FORMER SPOUSES ALIVE? YES NO

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

	DATE OF DECREE (MONTH, DAY, YEAR)	PLACE ISSUED (CITY/COUNTY, STATE/COUNTRY, IF NOT USA)	AGAINST WHOM?	
			SELF	SPOUSE
1ST	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2ND	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3RD	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4TH	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

NOTE

PLEASE PROVIDE A COPY OF THE DIVORCE DECREE FOR EACH. IF YOU CANNOT FIND A COPY, A COPY CAN BE OBTAINED IN THE COUNTY WHICH THE DECREE WAS FILED.

BRIDE/GROOM/SPOUSE #2

1. A. FULL NAME: _____
FIRST MIDDLE CURRENT SURNAME

B. BIRTH NAME, IF DIFFERENT: _____

C. SURNAME AFTER MARRIAGE: _____

D. SOCIAL SECURITY NUMBER: _____

2. RESIDENCE: A. _____ B. _____
(STATE) (COUNTY)

C. CHECK ONE CITY TOWN VILLAGE

AND SPECIFY : _____

D. STREET ADDRESS: _____ ZIP: _____

E. IS RESIENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO

3. A. AGE _____ B. DATE OF BIRTH: _____ C. SEX: _____
MM/DD/YYYY (OPTIONAL)

4. EMPLOYMENT

A. USUAL OCCUPATION: _____

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: _____

BRIDE/GROOM/SPOUSE #2

8. NUMBER OF THIS MARRIAGE: _____

9. PREVIOUS MARRIAGES:

A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY:

DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____

B: HOW DID LAST MARRIAGE END?

DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____

C. DATE LAST MARRIAGE ENDED? _____

MM/DD/YYYY

D. ARE ANY FORMER SPOUSES ALIVE? YES NO

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

	DATE OF DECREE (MONTH, DAY, YEAR)	PLACE ISSUED (CITY/COUNTY, STATE/COUNTRY, IF NOT USA)	AGAINST WHOM?	
			SELF	SPOUSE
1ST	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2ND	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3RD	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4TH	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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