

COUNTY XXXXXXXXXXXXX
 CITY/TOWN XXXXXXXXXXXXX
 DISTRICT NUMBER XXXXXXXXXXXXX
 REGISTER NUMBER XXXXXXXXXXXXX

**STATE OF NEW YORK
 DEPARTMENT OF HEALTH
 AFFIDAVIT, LICENSE and
 CERTIFICATE OF MARRIAGE**

Applicant Contact Information

Phone:
 Email:

~~BRIDE~~/GROOM/SPOUSE

BRIDE/~~GROOM~~/SPOUSE

ZIP

STATE

CITY / TOWN / VILLAGE

AND NUMBER

AFFIDAVIT

1. A. CURRENT FIRST NAME _____
 CURRENT MIDDLE NAME _____
 CURRENT SURNAME _____
 B. BIRTH SURNAME, IF DIFFERENT _____
 * CHANGING MIDDLE AND/OR SURNAME UPON MARRIAGE IS OPTIONAL, SEE BACK FOR INFORMATION.
 * C. MIDDLE NAME AFTER MARRIAGE (IF CHANGING) _____
 * D. SURNAME AFTER MARRIAGE (IF CHANGING) _____
 E. SOCIAL SECURITY NUMBER _____

2. RESIDENCE A. _____ B. _____
 (STATE) (COUNTY)
 C. CHECK ONE AND SPECIFY CITY TOWN VILLAGE
 D. STREET ADDRESS _____ 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 (OPTIONAL) _____

4. EMPLOYMENT USUAL OCCUPATION _____

5. PLACE OF BIRTH _____
 (CITY, STATE or COUNTRY, IF NOT USA)

6. FATHER OR PARENT
 A. NAME (ON CURRENT BIRTH CERTIFICATE) _____
 B. COUNTRY OF BIRTH _____

7. MOTHER OR PARENT
 A. NAME (ON CURRENT BIRTH CERTIFICATE) _____
 B. COUNTRY OF BIRTH _____

8. NUMBER OF THIS MARRIAGE: _____ 9. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY
 DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____

9. B. HOW DID LAST MARRIAGE END? DIVORCE (3) ANNULMENT (3) DEATH (2)
 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 INFORMATION

DATE OF DECREE (MONTH, DAY, YEAR)	PLACE ISSUED (CITY/COUNTY, STATE or 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"/>

11. A. CURRENT FIRST NAME _____
 CURRENT MIDDLE NAME _____
 CURRENT SURNAME _____
 B. BIRTH SURNAME, IF DIFFERENT _____
 * CHANGING MIDDLE AND/OR SURNAME UPON MARRIAGE IS OPTIONAL, SEE BACK FOR INFORMATION.
 * C. MIDDLE NAME AFTER MARRIAGE (IF CHANGING) _____
 * D. SURNAME AFTER MARRIAGE (IF CHANGING) _____
 E. SOCIAL SECURITY NUMBER _____

12. RESIDENCE A. _____ B. _____
 (STATE) (COUNTY)
 C. CHECK ONE AND SPECIFY CITY TOWN VILLAGE
 D. STREET ADDRESS _____ ZIP _____
 E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO

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

14. EMPLOYMENT USUAL OCCUPATION _____

15. PLACE OF BIRTH _____
 (CITY, STATE or COUNTRY, IF NOT USA)

16. FATHER OR PARENT
 A. NAME (ON CURRENT BIRTH CERTIFICATE) _____
 B. COUNTRY OF BIRTH _____

17. MOTHER OR PARENT
 A. NAME (ON CURRENT BIRTH CERTIFICATE) _____
 B. COUNTRY OF BIRTH _____

18. NUMBER OF THIS MARRIAGE: _____ 19. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY
 DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____

19. B. HOW DID LAST MARRIAGE END? DIVORCE (3) ANNULMENT (3) DEATH (2)
 C. DATE LAST MARRIAGE ENDED? _____
 MM/DD/YYYY
 D. ARE ANY FORMER SPOUSE(S) ALIVE? YES NO

20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION

DATE OF DECREE (MONTH, DAY, YEAR)	PLACE ISSUED (CITY/COUNTY, STATE or 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"/>

In order to reduce the amount of time couples need to spend in our office, we are providing this worksheet to help us process your marriage license as quickly as possible.

It can be sent back to us by fax 845-451-4239 or by email CityChamberlain_Clerks@cityofpoughkeepsie.com after you have scheduled your appointment

PLEASE NOTE: You MUST BRING WITH YOU the following documents for inspection:

*** A CERTIFIED copy of final judgment of divorce and/or a CERTIFIED copy of a death certificate for EACH AND EVERY PREVIOUS MARRIAGE**

*** A CERTIFIED copy of your birth certificate if you are under the age of 21**

Attention:

Applicants

Social Security Numbers

Social Security Numbers of the applicants are mandatory. They are required by New York State Domestic Relations Law Section 15 and 42 U.S.C. 666(a). They may be used for child support enforcement purposes.

Notice:

If either or both parties wish to change the middle and/or surname by which he or she is known after marriage, please review the information below. Complete item 1C and/or 11C on the front side of this record to change middle name. Complete item 1D and/or 11D on the front side of this record to change surname.

- (1) Every person has the right to adopt any name by which he or she wishes to be known simply by using that name consistently and without intent to defraud.
- (2) A person's last name (surname) does not automatically change upon marriage, and neither party to the marriage must change his or her last name. Parties to a marriage need not have the same last name.
- (3) One or both parties to a marriage may elect to change the surname by which he or she wishes to be known after the solemnization of the marriage by entering the new name in the appropriate space provided in the Affidavit Section of this application. Such entry shall consist of one of the following surnames:
 - (i) the surname of the other spouse; or
 - (ii) any former surname of either spouse; or
 - (iii) a name combining into a single surname all or a segment of the premarriage surname or any former surname of each spouse; or
 - (iv) a combination name separated by a hyphen or space, provided that each part of such combination surname is the premarriage surname, or any former surname, of each of the spouses.
- (4) One or both parties to a marriage may elect to change the middle name by which he or she wishes to be known after the solemnization of the marriage by entering the new name in the appropriate space provided in the Affidavit Section of this application. Such entry shall consist of one of the following options:
 - (i) the current surname of the spouse electing to change his or her name; or
 - (ii) any former surname of the spouse electing to change his or her name; or
 - (iii) the surname of the other spouse.
- (5) The use of this option will have the effect of providing a record of the change of name. The marriage certificate, containing the new name, if any, constitutes proof that the use of the new name, or the retention of the former name, is lawful.
- (6) Neither the use of, nor the failure to use, this option of selecting a new surname or middle name by means of this application abrogates the right of each person to adopt a different name through usage at some future date.

Clerk

- All entries must be typed or printed.
- Applicants must provide all information in the affidavit section.
- Issue original to couple after making a photocopy.
- Retain photocopy until original copy is returned by the officiant.