

Marriage License Form
 Town of Manchester
 1272 County Rd 7
 Clifton Springs, NY 14432
 585-289-3010

BRIDE/GROOM/SPOUSE		BRIDE/GROOM/SPOUSE	
NAME (LAST, FIRST, MIDDLE)		NAME (LAST, FIRST, MIDDLE)	
SOCIAL SECURITY NO.		SOCIAL SECURITY NO.	
SEX (OPTIONAL)		SEX (OPTIONAL)	
BIRTH NAME IF DIFFERENT		BIRTH NAME IF DIFFERENT	
MIDDLE NAME AFTER MARRIAGE		MIDDLE NAME AFTER MARRIAGE	
SURNAME AFTER THE MARRIAGE		SURNAME AFTER THE MARRIAGE	
STATE OF RESIDENCE		STATE OF RESIDENCE	
COUNTY OF RESIDENCE		COUNTY OF RESIDENCE	
CITY/TOWN/VILLAGE		CITY/TOWN/VILLAGE	
STREET ADDRESS		STREET ADDRESS	
ZIP		ZIP	
PHONE NUMBER		PHONE NUMBER	
BIRTHDATE		BIRTHDATE	
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	
INDUSTRY		INDUSTRY	
FATHER'S FULL NAME		FATHER'S FULL NAME	
COUNTRY OF BIRTH		COUNTRY OF BIRTH	
MOTHER'S FULL NAME (MAIDEN)		MOTHER'S FULL NAME (MAIDEN)	
COUNTRY OF BIRTH		COUNTRY OF BIRTH	
NUMBER OF THIS MARRIAGE		NUMBER OF THIS MARRIAGE	
EX SPOUSE ALIVE		EX SPOUSE ALIVE	
LAST MARRIAGE ENDED BY	<input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Death	LAST MARRIAGE ENDED BY	<input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Death