



Town of Virgil  
1176 Church Street  
Virgil, NY 13045  
607-835-6174

### INFORMATION WORKSHEET FOR A MARRIAGE LICENSE

CONTACT PERSON: \_\_\_\_\_  
PHONE#: \_\_\_\_\_

I.D. \_\_\_\_\_

Bride/Groom/Spouse

1. A. FULL NAME \_\_\_\_\_

B. Birth Name:(If different) \_\_\_\_\_

C. Surname after marriage: \_\_\_\_\_

D. Social Security # (optional) \_\_\_\_\_

2. Residence: A. State \_\_\_\_\_ B. County \_\_\_\_\_

C. Circle One: City Town Village of \_\_\_\_\_

D. Street Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

E. Is residence within limits of city or village? Y N

3. A. Age: \_\_\_\_\_ B. Date of Birth: \_\_\_\_\_

C: Sex (optional) Male or Female

4. Employment: A. Occupation: \_\_\_\_\_

B. Type of Industry or Business: \_\_\_\_\_

5. Place of Birth: \_\_\_\_\_

6. Father or Parent

A, Name (or Maiden Name) \_\_\_\_\_

B. Country of Birth: \_\_\_\_\_

7. Mother or Parent

A. Name (or Maiden Name) \_\_\_\_\_

B. Country of Birth: \_\_\_\_\_

8. Number of Marriages \_\_\_\_\_

9. Previous Marriages:

A. # of Previous Marriages that ended in:

Divorce          Civil Annulment          Death

I.D. \_\_\_\_\_

Bride/Groom/Spouse

11. A. FULL NAME \_\_\_\_\_

B. Birth Name( if different) \_\_\_\_\_

C. Surname after marriage: \_\_\_\_\_

D. Social Security # (optional) \_\_\_\_\_

12. Residence A. State \_\_\_\_\_ B. County \_\_\_\_\_

C. Circle One: City Town Village of \_\_\_\_\_

D. Street Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

E. Is residence within limits of city or village? Y N

13. A. Age: \_\_\_\_\_ B. Date of Birth: \_\_\_\_\_

C: Sex (optional) Male or Female

14. Employment: A. Occupation: \_\_\_\_\_

B. Type of Industry of Business: \_\_\_\_\_

15. Place of Birth: \_\_\_\_\_

16. Father or Parent

A, Name (or Maiden Name) \_\_\_\_\_

B. Country of Birth: \_\_\_\_\_

17. Mother or Parent

A. Name (or Maiden Name) \_\_\_\_\_

B. Country of Birth: \_\_\_\_\_

18. Number of Marriages \_\_\_\_\_

19. Previous Marriages:

A. # of Previous Marriages that ended in:

Divorce          Civil Annulment          Death

9. Previous Marriage Continued:

B. How did your last marriage end:

Divorce \_\_\_\_\_ Annulment \_\_\_\_\_ Death \_\_\_\_\_

C. Date Last Marriage Ended: \_\_\_\_\_

D. are any Former Spouse(s) Alive Yes \_\_\_\_\_ No \_\_\_\_\_

10. If Previously Divorced or Annulled provide the Following Information:

(Month, Day Year) (City, State/Country)	Against Whom
1st _____	Self/Spouse
2nd _____	Self/Spouse
3rd _____	Self/Spouse
4th _____	Self/Spouse

19. Previous Marriage Continued:

B. How did your last marriage end:

Divorce \_\_\_\_\_ Annulment \_\_\_\_\_ Death \_\_\_\_\_

C. Date Last Marriage Ended: \_\_\_\_\_

D. Are any former Spouse(s) Alive Yes \_\_\_\_\_ No \_\_\_\_\_

10. If Previously Divorced or Annulled provide the Following Information:

(Month, Day Year) (City, State/Country)	Against Whom
1st _____	Self/Spouse
2nd _____	Self/Spouse
3rd _____	Self/Spouse
4th _____	Self/Spouse

**FUTURE ADDRESS FOR CERTIFIED COPY TO BE MAILED:**

**PLEASE PROVIDE TWO (2) FORMS OF IDENTIFICATION: CERTIFIED BIRTH CERTIFICATE AND DRIVER'S LICENSE OR PASSPORT.**

**PLEASE PROVIDE CERTIFIED DIVORCE PAPERS FOR EACH AND EVERY DIVORCE INVOLVED**

\_\_\_\_\_  
**Bride/Groom/ Spouse Signature**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Bride/Groom/ Spouse Signature**

**Date:** \_\_\_\_\_