

Marriage Application

Town Clerk

1 Vine Street, P.O. Box 456, Keeseville, New York 12944
(o) 518-834-9042 (c) 518-802-7797



WEDDING DATE: _____

GROOM/SPOUSE A

Phone _____

NAME (FIRST, MIDDLE, LAST) _____

LAST NAME AFTER MARRIAGE _____

SOCIAL SECURITY _____

RESIDENCE (STATE, COUNTY) _____

City _____ Town _____ Village _____

Name of City, Town or Village _____

Street address _____

Within limits of City or Incorporated Village (Yes/No) _____

AGE _____ DATE OF BIRTH _____

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

PARENT INFORMATION

MOTHER'S MAIDEN NAME _____

MOTHER'S COUNTRY OF BIRTH _____

FATHER'S NAME _____

FATHER'S COUNTRY OF BIRTH _____

NUMBER OF PREVIOUS MARRIAGES _____

DIVORCES _____ ANNULMENTS _____ DEATHS _____

HOW DID LAST MARRIAGE, IF ANY, END?

DIVORCE _____ ANNULMENT _____ DEATHS _____

DATE LAST MARRIAGE ENDED _____

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ARE FORMER SPOUSE(S) ALIVE? YES/NO

IF PREVIOUSLY DIVORCED, PLEASE PROVIDE THE DATE (M/D/Y) OF DIVORCE AND LOCATION (CITY, STATE, COUNTRY) AND WHO FILED FOR DIVORCE (SELF/SPOUSE)

1ST

2ND

3RD

EMPLOYMENT

OCCUPATION _____

TYPE OF INDUSTRY OR BUSINESS _____

BRIDE/SPOUSE B

Phone _____

NAME (FIRST, MIDDLE, LAST) _____

LAST NAME AFTER MARRIAGE _____

SOCIAL SECURITY _____

RESIDENCE (STATE, COUNTY) _____

City _____ Town _____ Village _____

Name of City, Town or Village _____

Street address _____

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AGE _____ DATE OF BIRTH _____

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