

• APPLICANTS MUST PROVIDE ALL INFORMATION IN THE AFFIDAVIT SECTION.
• ISSUE TOP COPY TO COUPLE.
• RETAIN CARBON COPY UNTIL TOP COPY IS RETURNED BY THE OFFICIANT.

BRIDE AND GROOM: INFORMATION ABOUT YOUR INDIVIDUAL CHOICE OF SURNAMING AFTER YOUR MARRIAGE IS ON THE REVERSE SIDE OF THIS FORM

STATE OF NEW YORK

DEPARTMENT OF HEALTH

AFFIDAVIT, LICENSE and CERTIFICATE OF MARRIAGE

STATE FILE NUMBER
(THIS SPACE FOR STATE USE ONLY)

COUNTY _____
CITY/TOWN _____
DISTRICT NUMBER _____
REGISTER NUMBER _____

SUPPLEMENTAL FILE _____

FROM THE GROOM

1. A. FULL NAME FIRST MIDDLE CURRENT SURNAME _____
 B. BIRTH NAME, IF DIFFERENT _____
 C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE) _____
 D. SOCIAL SECURITY NUMBER _____

2. RESIDENCE A. _____ B. _____ (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 _____ 3B. DATE OF BIRTH MONTH / DAY / YEAR _____

4. EMPLOYMENT
 A. USUAL OCCUPATION _____
 B. TYPE OF INDUSTRY OR BUSINESS _____

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

6. FATHER
 A. NAME _____
 B. COUNTRY OF BIRTH _____

7. MOTHER
 A. MAIDEN NAME _____
 B. COUNTRY OF BIRTH _____

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? (3) DIVORCE (3) ANNULMENT (2) DEATH
 C. DATE LAST MARRIAGE ENDED? MONTH / DAY / YEAR _____
 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, STATE/COUNTRY, IF NOT USA) AGAINST WHOM SELF SPOUSE

1ST _____
 2ND _____
 3RD _____
 4TH _____

FROM THE BRIDE

11. A. FULL NAME FIRST MIDDLE CURRENT SURNAME _____
 B. BIRTH NAME (MAIDEN NAME), IF DIFFERENT _____
 C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE) _____
 D. SOCIAL SECURITY NUMBER _____

12. RESIDENCE A. _____ B. _____ (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 _____ 13.B. DATE OF BIRTH MONTH / DAY / YEAR _____

14. EMPLOYMENT
 A. USUAL OCCUPATION _____
 B. TYPE OF INDUSTRY OR BUSINESS _____

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

16. FATHER
 A. NAME _____
 B. COUNTRY OF BIRTH _____

17. MOTHER
 A. MAIDEN NAME _____
 B. COUNTRY OF BIRTH _____

18. NUMBER OF THIS MARRIAGE _____

19. PREVIOUS MARRIAGES
 A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE _____ CIVIL ANNULMENT _____ DEATH _____
 B. HOW DID LAST MARRIAGE END? (3) DIVORCE (3) ANNULMENT (2) DEATH
 C. DATE LAST MARRIAGE ENDED? MONTH / DAY / YEAR _____
 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, STATE/COUNTRY, IF NOT USA) AGAINST WHOM SELF SPOUSE

1ST _____
 2ND _____
 3RD _____
 4TH _____

I, being duly sworn, depose and say, that to the best of my knowledge and belief that the information I provided is true and that I declare that no legal impediment exists as to my right to enter into the marriage state.

21. SIGNATURE OF GROOM _____ USE CURRENT NAME
22. SIGNATURE OF BRIDE _____ USE CURRENT NAME

23. SUBSCRIBED AND SWORN TO BEFORE ME
SIGNATURE OF TOWN OR CITY CLERK _____ DATE _____

This license authorizes the marriage in New York State of the bride and groom named above by any person authorized by New York Domestic Relations Law §11 to perform marriage ceremonies within New York State. THIS LICENSE VALID IN NEW YORK STATE ONLY.
 If checked, this license is to be used only for the purpose of a second or subsequent ceremony.

24. TOWN OR CITY CLERK
 NAME (PRINT) _____
 SIGNATURE _____ DATE _____
 MAILING ADDRESS _____
 STREET _____ CITY/TOWN _____ STATE _____ ZIP _____

25. A. SOLEMNIZATION PERIOD BEGINS
 TIME MONTH DAY YEAR
 AM PM
 25. B. SOLEMNIZATION PERIOD ENDS AT MIDNIGHT ON:
 MONTH DAY YEAR

I CERTIFY THAT I SOLEMNIZED THE MARRIAGE OF THE PERSONS NAMED ABOVE ON THE DATE AND AT THE TIME AND PLACE INDICATED.

26. SOLEMNIZATION OCCURRED
 TIME MO. DAY YEAR
 AM PM

27. TYPE OF CEREMONY
 0 RELIGIOUS 1 CIVIL
 9 OTHER, SPECIFY _____

28. PLACE WHERE MARRIAGE OCCURRED
 A. STATE NEW YORK B. COUNTY _____
 C. LOCATION OF CEREMONY (CHECK ONE AND SPECIFY)
 CITY OF TOWN OF VILLAGE OF
 SPECIFY _____

29. OFFICIANT
 NAME (PRINT) _____ TITLE _____
 SIGNATURE _____ DATE _____
 MAILING ADDRESS _____
 STREET _____ CITY/TOWN _____ STATE _____ ZIP _____

30. WITNESS TO CEREMONY
 NAME (PRINT) _____
 SIGNATURE _____

31. WITNESS TO CEREMONY
 NAME (PRINT) _____
 SIGNATURE _____

DOH-98 (11/98)

GROOM

BRIDE

TELEPHONE # WORK _____ HOME _____ TELEPHONE # WORK _____ HOME _____

FUTURE ADDRESS IF DIFFERENT FROM ADDRESS TO WHICH MARRIAGE LICENSE WILL BE SENT *LEFT SIDE

DATE & PLACE YOU PLAN TO MARRY _____

AND QUESTIONS PLEASE CALL CUNY-HEALTH SERVICES, POLY CLERK AM (607) 775-2151

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT

AFFIDAVIT

CITY/TOWN/VILLAGE

STREET AND NUMBER

LICENSE

CERTIFICATE

NOTE: OFFICIANT MUST RETURN LICENSE TO ISSUING CLERK WITHIN 5 DAYS OF SOLEMNIZATION.