

TOWN OF FALLSBURG MARRIAGE LICENSE DRAFT APPLICATION

% Town Clerk

PO Box 2019, 19 Railroad Plaza, South Fallsburg, NY 12779

(845) 434-8810 Ext. 1

BRIDE/GROOM/SPOUSE

BRIDE/GROOM/SPOUSE

1. A. FULL NAME FIRST MIDDLE CURRENT SURNAME
B. BIRTH NAME, IF DIFFERENT
C. SURNAME AFTER MARRIAGE
D. SOCIAL SECURITY NUMBER
2. RESIDENCE A. (STATE) B. (COUNTY)

11. A. FULL NAME FIRST MIDDLE CURRENT SURNAME
B. BIRTH NAME, IF DIFFERENT
C. SURNAME AFTER MARRIAGE
D. SOCIAL SECURITY NUMBER
12. RESIDENCE A. (STATE) B. (COUNTY)

D. STREET ADDRESS ZIP
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO
3. Age B. DATE OF BIRTH MM/DD/YYYY C. SEX (OPTIONAL)
4. EMPLOYMENT
A. USUAL OCCUPATION
B. TYPE OF INDUSTRY OR BUSINESS
5. PLACE OF BIRTH (CITY, STATE / COUNTRY, IF NOT USA)
6. FATHER OR PARENT
A. NAME (OR MAIDEN NAME, IF APPLICABLE)
B. COUNTRY OF BIRTH
7. MOTHER OR PARENT
A. NAME (OR MAIDEN NAME, IF APPLICABLE)
B. COUNTRY OF BIRTH
8. NUMBER OF THIS MARRIAGE
9. PREVIOUS MARRIAGES
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY
DIVORCE: CIVIL ANNULMENT: DEATH:
HOW DID LAST MARRIAGE END? DIVORCE ANNULMENT DEATH
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 PLACE ISSUED AGAINST WHOM
(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE
1ST
2ND 2nd

D. STREET ADDRESS ZIP
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO
13. AGE B. DATE OF BIRTH MM/DD/YYYY C. SEX (OPTIONAL)
14. EMPLOYMENT
A. USUAL OCCUPATION
B. TYPE OF INDUSTRY OR BUSINESS
15. PLACE OF BIRTH (CITY, STATE / COUNTRY, IF NOT USA)
16. FATHER OR PARENT
A. NAME (OR MAIDEN NAME, IF APPLICABLE)
B. COUNTRY OF BIRTH
17. MOTHER OR PARENT
A. NAME (OR MAIDEN NAME, IF APPLICABLE)
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? DIVORCE ANNULMENT DEATH
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 PLACE ISSUED AGAINST WHOM
(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE
1ST
2ND 2nd

MUST HAVE CERTIFIED BIRTH CERTIFICATE - No exception - As well as two more forms of ID such as your Driver License, Non-Driver License, Passport, Social Security Number, Armed Forces or Military ID, Naturalization Papers, Employee Photo ID.

** MUST have Certified Copies of Divorce Papers or Death Certificate for previous marriage if applicable.