REGISTER NUMBER _____

CERTIFICATE OF MARRIAGE

BRIDE/GROOM/SPOUSE

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. _____ (STATE) 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 _____ 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: _____
   B. HOW DID LAST MARRIAGE END? DIVORCE ☐ (3) ANNULMENT ☐ (3) DEATH ☐ (2)
   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 (MONTH, DAY, YEAR)	PLACE ISSUED (CITY/COUNTY, STATE/COUNTRY, IF NOT USA)	AGAINST WHOM SELF	AGAINST WHOM SPOUSE
1ST			☐	☐
2ND			☐	☐
3RD			☐	☐
4TH			☐	☐

AFFIDAVIT

ZIP

STATE

CITY / TOWN / VILLAGE

T AND NUMBER

ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT