

STATE OF NEW YORK

DEPARTMENT OF HEALTH

AFFIDAVIT, LICENSE and CERTIFICATE OF MARRIAGE

STATE FILE NUMBER
(THIS SPACE FOR STATE USE ONLY)

sample

COUNTY NASSAU
CITY/TOWN Townsville
DISTRICT NUMBER 2902
REGISTER NUMBER 311

SUPPLEMENTAL FILE

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT:

Chili Enchilada 123 Main Street Goya, CT 001001

BRIDE/GROOM/SPOUSE	BRIDE/GROOM/SPOUSE
1. A. FULL NAME <u>Chili M Enchilada</u> <small>FIRST MIDDLE CURRENT SURNAME</small>	11. A. FULL NAME <u>Salsa Verde</u> <small>FIRST MIDDLE CURRENT SURNAME</small>
B. BIRTH NAME, IF DIFFERENT <u>Concarne</u>	B. BIRTH NAME, IF DIFFERENT <u>Salsa Roja</u>
C. SURNAME AFTER MARRIAGE <u>Enhilada-Verde</u> <small>(OPTIONAL - SEE REVERSE)</small>	C. SURNAME AFTER MARRIAGE <u>Enchilada-Verde</u> <small>(OPTIONAL - SEE REVERSE)</small>
D. SOCIAL SECURITY NUMBER <u>111-22-3333</u>	D. SOCIAL SECURITY NUMBER <u>222-22-2222</u>
2. RESIDENCE A. <u>CT</u> B. <u>LaJoya</u> <small>(STATE) (COUNTY)</small>	12. RESIDENCE A. <u>NY</u> B. <u>NASSAU</u> <small>(STATE) (COUNTY)</small>
C. CHECK ONE CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> AND SPECIFY <u>Goya</u>	C. CHECK ONE CITY <input checked="" type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> AND SPECIFY <u>LONG BEACH</u>
D. STREET ADDRESS <u>123 Main Street</u> ZIP <u>001001</u>	D. STREET ADDRESS <u>123 W Main Street</u> ZIP <u>001001</u>
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
3. A. AGE <u>43</u> B. DATE OF BIRTH <u>9/26/1967</u> C. SEX (OPTIONAL) <u>M</u> <small>MM/DD/YYYY</small>	13. A. AGE <u>45</u> B. DATE OF BIRTH <u>02/22/1966</u> C. SEX (OPTIONAL) <u>F</u> <small>MM/DD/YYYY</small>
4. EMPLOYMENT A. USUAL OCCUPATION <u>Hot Dog Roller</u>	14. EMPLOYMENT A. USUAL OCCUPATION <u>Hare Dresser</u>
B. TYPE OF INDUSTRY OR BUSINESS <u>Fast Food</u>	B. TYPE OF INDUSTRY OR BUSINESS <u>Animal Grooming</u>
5. PLACE OF BIRTH <u>Austin, TX</u> <small>(CITY, STATE / COUNTRY, IF NOT USA)</small>	15. PLACE OF BIRTH <u>Salsalito, CA</u> <small>(CITY, STATE / COUNTRY, IF NOT USA)</small>
6. FATHER OR PARENT A. NAME (OR MAIDEN NAME, IF APPLICABLE) <u>Pollo Enchilada</u>	16. FATHER OR PARENT A. NAME (OR MAIDEN NAME, IF APPLICABLE) <u>Mole Roja</u>
B. COUNTRY OF BIRTH <u>Texas</u>	B. COUNTRY OF BIRTH <u>Alaska</u>
7. MOTHER OR PARENT A. NAME (OR MAIDEN NAME, IF APPLICABLE) <u>Queso Blanco</u>	17. MOTHER OR PARENT A. NAME (OR MAIDEN NAME, IF APPLICABLE) <u>Quench Bulldog</u>
B. COUNTRY OF BIRTH <u>Texas</u>	B. COUNTRY OF BIRTH <u>Alaska</u>
8. NUMBER OF THIS MARRIAGE <u>2</u>	18. NUMBER OF THIS MARRIAGE <u>2</u>
9. PREVIOUS MARRIAGES A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE: <u>1</u> CIVIL ANNULMENT: _____ DEATH: <u>1</u>	19. PREVIOUS MARRIAGES A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: <u>1</u>
B. HOW DID LAST MARRIAGE END? DIVORCE <input type="checkbox"/> (3) ANNULMENT <input type="checkbox"/> (3) DEATH <input checked="" type="checkbox"/> (2)	B. HOW DID LAST MARRIAGE END? DIVORCE <input type="checkbox"/> (3) ANNULMENT <input type="checkbox"/> (3) DEATH <input checked="" type="checkbox"/> (2)
C. DATE LAST MARRIAGE ENDED? <u>9/15/2011</u> <small>MM/DD/YYYY</small>	C. DATE LAST MARRIAGE ENDED? <u>4/22/2011</u> <small>MM/DD/YYYY</small>
D. ARE ANY FORMER SPOUSE(S) ALIVE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	D. ARE ANY FORMER SPOUSE(S) ALIVE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION DATE OF DECREE PLACE ISSUED AGAINST WHOM <small>(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE</small>	20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION DATE OF DECREE PLACE ISSUED AGAINST WHOM <small>(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE</small>
1ST <u>12/7/2001</u> <u>West Palm Beach, FL</u> <input checked="" type="checkbox"/> <input type="checkbox"/>	1ST _____ <input type="checkbox"/> <input type="checkbox"/>
2ND _____ <input type="checkbox"/> <input type="checkbox"/>	2ND _____ <input type="checkbox"/> <input type="checkbox"/>
3RD _____ <input type="checkbox"/> <input type="checkbox"/>	3RD _____ <input type="checkbox"/> <input type="checkbox"/>
4TH _____ <input type="checkbox"/> <input type="checkbox"/>	4TH _____ <input type="checkbox"/> <input type="checkbox"/>

sample

I duly swear/affirm, 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 _____ USE CURRENT NAME
22. SIGNATURE _____ USE CURRENT NAME
23. SUBSCRIBED AND SWORN TO/AFFIRMED BEFORE ME
SIGNATURE OF TOWN OR CITY CLERK _____ City Clerk DATE 9/22/2011

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

LICENSE	SEA sample	MAILING ADDRESS: _____ DATE <u>9/22/2011</u>	25. A. SOLEMNIZATION PERIOD BEGINS				25. B. SOLEMNIZATION PERIOD ENDS AT MIDNIGHT ON:		
		<u>1 W. Main St. Townsville, NY 11101</u>	TIME	MONTH	DAY	YEAR	MONTH	DAY	YEAR
			AM		9/23/2011			11/21/2011	
			05:25 PM						

<p>I CERTIFY THAT I SOLEMNIZED THE MARRIAGE OF THE PARTIES NAMED ABOVE ON THE DATE AND AT THE TIME AND PLACE INDICATED.</p> <p>29. OFFICIANT NAME (PRINT) _____ TITLE _____ SIGNATURE _____ DATE _____ MAILING ADDRESS: _____ STREET _____ CITY/TOWN _____ STATE _____ ZIP _____</p> <p>30. WITNESS TO CEREMONY NAME (PRINT) _____ SIGNATURE _____</p>	<p>26. SOLEMNIZATION OCCURRED TIME MONTH DAY YEAR AM PM</p> <p>27. TYPE OF CEREMONY 0 <input type="checkbox"/> RELIGIOUS 1 <input type="checkbox"/> CIVIL 9 <input type="checkbox"/> OTHER, SPECIFY _____</p> <p>28. PLACE WHERE MARRIAGE OCCURRED A. STATE <u>NEW YORK</u> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> OF (SPECIFY) _____ NAME OF LOCALITY _____</p> <p>31. WITNESS TO CEREMONY NAME (PRINT) _____ SIGNATURE _____</p>
--	--

sample

sample

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