

TOWN OF CHAZY

MARRIAGE LICENSE WORKSHEET

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. _____ B. _____
State County

C. CHECK ONE AND SPECIFY: CITY () TOWN () VILLAGE () _____

D. STREET ADDRESS _____

E. PHONE NUMBER _____

3. A. AGE _____ B. DATE OF BIRTH _____
MM/DD/YYYY

4. EMPLOYMENT
 A. USUAL OCCUPATION _____

B. TYPE OF INDUSTRY/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 () 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, PLEASE PROVIDE THE FOLLOWING INFORMATION

	DATE OF DECREE	PLACE ISSUED	AGAINST WHOM	
	<small>(MM/DD/YYYY)</small>	<small>(CITY/COUNTY, STATE/COUNTRY, IF NOT USA)</small>	SELF	SPOUSE
1 ST	_____	_____	(<input type="checkbox"/>)	(<input type="checkbox"/>)
2 ND	_____	_____	(<input type="checkbox"/>)	(<input type="checkbox"/>)
3 RD	_____	_____	(<input type="checkbox"/>)	(<input type="checkbox"/>)
4 TH	_____	_____	(<input type="checkbox"/>)	(<input type="checkbox"/>)

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. _____ B. _____
State County

C. CHECK ONE AND SPECIFY: CITY () TOWN () VILLAGE () _____

D. STREET ADDRESS _____

E. PHONE NUMBER _____

3. A. AGE _____ B. DATE OF BIRTH _____
MM/DD/YYYY

4. EMPLOYMENT
 A. USUAL OCCUPATION _____

B. TYPE OF INDUSTRY/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 () 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, PLEASE PROVIDE THE FOLLOWING INFORMATION

	DATE OF DECREE	PLACE ISSUED	AGAINST WHOM	
	<small>(MM/DD/YYYY)</small>	<small>(CITY/COUNTY, STATE/COUNTRY, IF NOT USA)</small>	SELF	SPOUSE
1 ST	_____	_____	(<input type="checkbox"/>)	(<input type="checkbox"/>)
2 ND	_____	_____	(<input type="checkbox"/>)	(<input type="checkbox"/>)
3 RD	_____	_____	(<input type="checkbox"/>)	(<input type="checkbox"/>)
4 TH	_____	_____	(<input type="checkbox"/>)	(<input type="checkbox"/>)