

MARRIAGE WORKSHEET

Town of New Bremen
8420 State Rte. 812
Lowville, NY 13367

BRIDE/GROOM/SPOUSE
11. A. FULL NAME FIRST MIDDLE CURRENT SURNAME
B. BIRTH NAME, IF DIFFERENT
C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE)
D. SOCIAL SECURITY NUMBER
20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION AGAINST WHOM SELF SPOUSE

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 CITY TOWN VILLAGE AND SPECIFY
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 AGAINST WHOM SELF SPOUSE
DATE OF DECREE PLACE ISSUED (MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA)
1ST
2ND
3RD
4TH

I declare that the information I provided is true and that I declare that as legal