

\$40.00 FEE



City of Cortland

25 Court Street
Cortland, New York 13045
(607) 756-6521

INFORMATION SHEET FOR MARRIAGE LICENSE

CONTACT PERSON _____
PHONE # _____

I.D. _____

I.D. _____

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.	B. _____ (STATE) _____ (COUNTY)
C. CHECK ONE AND SPECIFY	CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/>
D. STREET ADDRESS	ZIP _____
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> (1) ANNULMENT <input type="checkbox"/> (3) DEATH <input type="checkbox"/> (2)
C. DATE LAST MARRIAGE ENDED?	MM/DD/YYYY _____
D. ARE ANY FORMER SPOUSE(S) ALIVE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION	AGAINST WHOM
DATE OF DECREE PLACE ISSUED	SELF SPOUSE
(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA)	
1ST _____	<input type="checkbox"/> <input type="checkbox"/>
2ND _____	<input type="checkbox"/> <input type="checkbox"/>
3RD _____	<input type="checkbox"/> <input type="checkbox"/>
4TH _____	<input type="checkbox"/> <input type="checkbox"/>

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	_____
12. RESIDENCE A.	B. _____ (STATE) _____ (COUNTY)
C. CHECK ONE AND SPECIFY	CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/>
D. STREET ADDRESS	ZIP _____
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
13. A. 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 <input type="checkbox"/> (1) ANNULMENT <input type="checkbox"/> (3) DEATH <input type="checkbox"/> (2)
C. DATE LAST MARRIAGE ENDED?	MM/DD/YYYY _____
D. ARE ANY FORMER SPOUSE(S) ALIVE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION	AGAINST WHOM
DATE OF DECREE PLACE ISSUED	SELF SPOUSE
(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA)	
1ST _____	<input type="checkbox"/> <input type="checkbox"/>
2ND _____	<input type="checkbox"/> <input type="checkbox"/>
3RD _____	<input type="checkbox"/> <input type="checkbox"/>
4TH _____	<input type="checkbox"/> <input type="checkbox"/>

FUTURE ADDRESS FOR CERTIFIED COPY

PLEASE PROVIDE TWO (2) FORMS OF IDENTIFICATION: CERTIFIED BIRTH CERTIFICATE AND DRIVER'S LICENSE OR PASSPORT.
PLEASE PROVIDE CERTIFIED DIVORCE PAPERS FOR EACH AND EVERY DIVORCE INVOLVED.