

Office of the Town Clerk

**Town Clerk**

Jill Hageman-Clark

4401 State Route 31  
Clay, New York 13041-8707  
Website: [www.townofclayny.gov](http://www.townofclayny.gov)



Phone: (315) 652-3800

Fax: (315) 622-7259

E-mail: [townclerk@townofclayny.gov](mailto:townclerk@townofclayny.gov)

**Marriage License Worksheet**

Date of Marriage \_\_\_\_\_, 20\_\_\_\_ Ceremony to be performed by \_\_\_\_\_ Phone # \_\_\_\_\_

Location where marriage will be performed: \_\_\_\_\_

**PERSON 1:** **Circle One:** GROOM/BRIDE/SPOUSE (*optional*)

**Circle One:** Gender: MALE/FEMALE (*optional*)

Full Name (Last, First, Middle) \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Name (if different) \_\_\_\_\_ Last Name *after* Marriage (if different) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone # \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_ **Circle One:** CITY/TOWN/VILLAGE, Specify \_\_\_\_\_

D/O/B: \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Industry \_\_\_\_\_

Father/Parent (First, Middle, Last) \_\_\_\_\_ Country of Birth \_\_\_\_\_

Mother/Parent (First, Middle, Maiden) \_\_\_\_\_ Country of Birth \_\_\_\_\_

Number of **this** Marriage \_\_\_\_\_ If this is **not** your first marriage, please supply **any and all original or certified copies of divorce papers with filing date stamp from the County it was filed in, or a death certificate.**

**PERSON 2:** **Circle One:** GROOM/BRIDE/SPOUSE (*optional*)

**Circle One:** Gender: MALE/FEMALE (*optional*)

Full Name (Last, First, Middle) \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Name (if different) \_\_\_\_\_ Last Name *after* Marriage (if different) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone # \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_ **Circle One:** CITY/TOWN/VILLAGE, Specify \_\_\_\_\_

D/O/B: \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Industry \_\_\_\_\_

Father/Parent (First, Middle, Last) \_\_\_\_\_ Country of Birth \_\_\_\_\_

Mother/Parent (First, Middle, Maiden) \_\_\_\_\_ Country of Birth \_\_\_\_\_

Number of **this** Marriage \_\_\_\_\_ If this is **not** your first marriage, please supply **any and all original or certified copies of divorce papers with filing date stamp from the County it was filed in, or a death certificate.**

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## **Marriage Worksheet Instructions**

Office hours are 8:30 A.M. to 4:00 P.M., Monday through Friday, for marriage license applications. *Marriage license applications are not be processed after 4:00 P.M.*

Both parties must be present at the same time, you cannot use the license for 24 hours and is only valid for 60 days.

If this is not a first marriage, we require any and all divorce papers with the filing date, and/or a death certificate.

New York State Department of Health requires one of the following forms of identification for each applicant when applying for a marriage license:

1. Valid Drivers License
2. Valid Non-Drivers I.D.
3. Valid Passport
4. Original Naturalizations Papers
5. Military I.D.
6. Employers Photo I.D.

Both applicants must also provide one of the following:

1. Original Birth Certificate (with a raised seal)
2. Original Baptismal Record (with parent's names)

Only the name that appears on the document is acceptable. We cannot Americanize a name. All records issued outside the United States must be accompanied by a certified translation.

The fee for a marriage license is **\$40.00**. We accept cash, check or credit card. Checks should be payable to: Jill Hageman-Clark, Town Clerk.