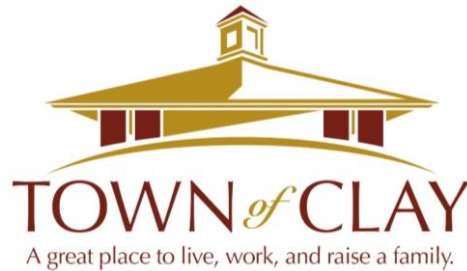


Office of the Town Clerk

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.**