CITY/TOWN _____
DISTRICT NUMBER _____
REGISTER NUMBER _____

AFFIDAVIT, LICENSE and CERTIFICATE OF MARRIAGE

☐ SUPPLEMENTAL FILE

City/Town/Village State Zip Code

AFFIDAVIT

Bride/Groom/Spouse

1) A. FULL NAME _____ (FIRST / MIDDLE / CURRENT SURNAME)

B. BIRTH NAME, IF DIFFERENT _____

C. SURNAME AFTER MARRIAGE _____ (OPTIONAL)

D. SOCIAL SECURITY NUMBER _____

2) RESIDENCE A. _____ (STATE) B. _____ (COUNTY)

C. CHECK ONE AND SPECIFY ☐ CITY ☐ TOWN ☐ VILLAGE _____

D. STREET ADDRESS _____ ZIP _____

E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? ☐ YES ☐ NO

3) A. AGE _____ B. DATE OF BIRTH _____ (MONTH/DAY/YEAR) SEX (OPTIONAL) ___ M ___ F

4) EMPLOYMENT

A. USUAL OCCUPATION _____

B. TYPE OF INDUSTRY OR BUSINESS _____

5) PLACE OF BIRTH _____ (CITY, STATE/COUNTRY IF NOT USA)

6) FATHER

A. NAME _____

B. COUNTRY OF BIRTH _____

7) MOTHER

A. MAIDEN NAME _____

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? _____ (MONTH \ DAY \ YEAR)

D. ARE ANY FORMER SPOUSE(S) ALIVE? ☐ YES ☐ NO

10) IF PREVIOUSLY DIVORCED OR ANNULED PROVIDE THE FOLLOWING INFORMATION:

	DATE OF DECREE (MONTH/DAY/YEAR)	PLACE ISSUED (CITY, STATE/COUNTRY, IF NOT USA)	AGAINST WHOM SELF	AGAINST WHOM SPOUSE
1st			☐	☐
2nd			☐	☐
3rd			☐	☐

Bride/Groom/Spouse

11) A. FULL NAME _____ (FIRST / MIDDLE / CURRENT SURNAME)

B. BIRTH NAME (MAIDEN NAME), IF DIFFERENT _____

C. SURNAME AFTER MARRIAGE _____ (OPTIONAL)

D. SOCIAL SECURITY NUMBER _____

12) RESIDENCE A. _____ (STATE) B. _____ (COUNTY)

C. CHECK ONE AND SPECIFY ☐ CITY ☐ TOWN ☐ VILLAGE _____

D. STREET ADDRESS _____ ZIPCODE _____

E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? ☐ YES ☐ NO

13) A. AGE _____ B. DATE OF BIRTH _____ (MONTH/DAY/YEAR) SEX (OPTIONAL) ___ M ___ F

14) EMPLOYMENT

A. USUAL OCCUPATION _____

B. TYPE OF INDUSTRY OR BUSINESS _____

15) PLACE OF BIRTH _____ (CITY, STATE/COUNTRY IF NOT USA)

16) FATHER

A. NAME _____

B. COUNTRY OF BIRTH _____

17) MOTHER

A. MAIDEN NAME _____

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 ☐ ANNULMENT ☐ DEATH

C. DATE LAST MARRIAGE ENDED? _____ (MONTH / DAY / YEAR)

D. ARE ANY FORMER SPOUSE(S) ALIVE? ☐ YES ☐ NO

20) IF PREVIOUSLY DIVORCED OR ANNULED, PROVIDE THE FOLLOWING INFORMATION

	DATE OF DECREE (MONTH/DAY/YEAR)	PLACE ISSUED (CITY, STATE/COUNTRY, IF NOT USA)	AGAINST WHOM SELF	AGAINST WHOM SPOUSE
1st			☐	☐
2nd			☐	☐
3rd			☐	☐