

Town of Tuxedo Marriage License Application

Bride / Groom / Spouse	Bride / Groom / Spouse
1. A. CURRENT FIRST NAME _____ CURRENT MIDDLE NAME _____ CURRENT SURNAME _____ B. BIRTH SURNAME, IF DIFFERENT _____ <i>* CHANGING MIDDLE AND/OR SURNAME UPON MARRIAGE IS OPTIONAL</i> *C. MIDDLE NAME AFTER MARRIAGE (IF CHANGING) _____ *D. SURNAME AFTER MARRIAGE (IF CHANGING) _____ E. SOCIAL SECURITY NUMBER _____	11. A. CURRENT FIRST NAME _____ CURRENT MIDDLE NAME _____ CURRENT SURNAME _____ B. BIRTH SURNAME, IF DIFFERENT _____ <i>* CHANGING MIDDLE AND/OR SURNAME UPON MARRIAGE IS OPTIONAL</i> *C. MIDDLE NAME AFTER MARRIAGE (IF CHANGING) _____ *D. SURNAME AFTER MARRIAGE (IF CHANGING) _____ E. SOCIAL SECURITY NUMBER _____
2. RESIDENCE A. _____ B. _____ (STATE) (COUNTY) C. CHECK ONE CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> AND SPECIFY _____ D. STREET ADDRESS _____ ZIP _____ E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES <input type="checkbox"/> NO <input type="checkbox"/>	12. RESIDENCE A. _____ B. _____ (STATE) (COUNTY) C. CHECK ONE CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> AND SPECIFY _____ 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 _____ C. SEX _____ (MM/DD/YYYY) (OPTIONAL)	13. A. AGE _____ B. DATE OF BIRTH _____ C. SEX _____ (MM/DD/YYYY) (OPTIONAL)
4. EMPLOYMENT USUAL OCCUPATION _____	14. EMPLOYMENT USUAL OCCUPATION _____
5. PLACE OF BIRTH _____ (CITY, STATE OR COUNTRY, IF NOT USA)	15. PLACE OF BIRTH _____ (CITY, STATE OR COUNTRY, IF NOT USA)
6. FATHER OR PARENT A. NAME (ON CURRENT BIRTH CERTIFICATE) _____ B. COUNTRY OF BIRTH _____	16. FATHER OR PARENT A. NAME (ON CURRENT BIRTH CERTIFICATE) _____ B. COUNTRY OF BIRTH _____
7. MOTHER OR PARENT A. NAME (ON CURRENT BIRTH CERTIFICATE) _____ B. COUNTRY OF BIRTH _____	17. MOTHER OR PARENT A. NAME (ON CURRENT BIRTH CERTIFICATE) _____ B. COUNTRY OF BIRTH _____
8. NUMBER OF THIS MARRIAGE _____	18. NUMBER OF THIS MARRIAGE _____
9. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY DIVORCE _____ CIVIL ANNULMENT _____ DEATH _____ B. HOW DID LAST MARRIAGE END? DIVORCE _____ CIVIL ANNULMENT _____ DEATH _____ C. DATE LAST MARRIAGE ENDED? _____ (MM/DD/YYYY) D. ARE ANY FORMER SPOUSE(S) ALIVE? YES <input type="checkbox"/> NO <input type="checkbox"/>	19. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY DIVORCE _____ CIVIL ANNULMENT _____ DEATH _____ B. HOW DID LAST MARRIAGE END? DIVORCE _____ CIVIL ANNULMENT _____ DEATH _____ 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: DATE OF DECREE PLACE ISSUED AGAINST WHOM? <u>SELF</u> <u>SPOUSE</u> 1ST _____ 2ND _____ 3RD _____ 4TH _____	20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION: DATE OF DECREE PLACE ISSUED AGAINST WHOM? <u>SELF</u> <u>SPOUSE</u> 1ST _____ 2ND _____ 3RD _____ 4TH _____

HOME PHONE OF ABOVE INDIVIDUAL _____
WORK PHONE OF ABOVE INDIVIDUAL _____

HOME PHONE OF ABOVE INDIVIDUAL _____
WORK PHONE OF ABOVE INDIVIDUAL _____

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT:

STREET ADDRESS: _____
CITY STATE ZIP: _____