

Town of Tuxedo Marriage License Application

Reg. # : _____

Bride / Groom / Spouse

1. A. CURRENT SURNAME _____
CURRENT FIRST NAME _____
CURRENT MIDDLE NAME _____

IF CHANGING MIDDLE AND/OR SURNAME UPON MARRIAGE:

B. MIDDLE NAME AFTER MARRIAGE (IF CHANGING) _____

C. SURNAME AFTER MARRIAGE (IF CHANGING) _____

D. SOCIAL SECURITY NUMBER _____

E. BIRTH SURNAME, IF DIFFERENT _____

2. STREET ADDRESS _____
CHECK ONE CITY TOWN VILLAGE
C/T/V NAME _____
IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE?
YES NO
STATE _____ ZIP _____
COUNTY _____

3. PHONE # _____

4. A. AGE _____ B. DATE OF BIRTH _____ C. SEX _____
(MM/DD/YYYY) (OPTIONAL)

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

6. OCCUPATION _____
INDUSTRY _____

7. FATHER OR PARENT
A. NAME (ON CURRENT BIRTH CERTIFICATE) _____
COUNTRY OF BIRTH _____
MOTHER OR PARENT
B. NAME (ON CURRENT BIRTH CERTIFICATE) _____
COUNTRY OF BIRTH _____

8. NUMBER OF MARRIAGES _____

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 NO

10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION: AGAINST WHOM?
DATE OF DECREE PLACE ISSUED SELF SPOUSE
1ST _____
2ND _____
3RD _____
4TH _____

Bride / Groom / Spouse

11. A. CURRENT SURNAME _____
CURRENT FIRST NAME _____
CURRENT MIDDLE NAME _____

IF CHANGING MIDDLE AND/OR SURNAME UPON MARRIAGE:

B. MIDDLE NAME AFTER MARRIAGE (IF CHANGING) _____

C. SURNAME AFTER MARRIAGE (IF CHANGING) _____

D. SOCIAL SECURITY NUMBER _____

E. BIRTH SURNAME, IF DIFFERENT _____

12. STREET ADDRESS _____
CHECK ONE CITY TOWN VILLAGE
C/T/V NAME _____
IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE?
YES NO
STATE _____ ZIP _____
COUNTY _____

13. PHONE # _____

14. A. AGE _____ B. DATE OF BIRTH _____ C. SEX _____
(MM/DD/YYYY) (OPTIONAL)

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

16. OCCUPATION _____
INDUSTRY _____

17. FATHER OR PARENT
A. NAME (ON CURRENT BIRTH CERTIFICATE) _____
COUNTRY OF BIRTH _____
MOTHER OR PARENT
B. NAME (ON CURRENT BIRTH CERTIFICATE) _____
COUNTRY OF BIRTH _____

18. NUMBER OF MARRIAGES _____

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 NO

20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION: AGAINST WHOM?
DATE OF DECREE PLACE ISSUED SELF SPOUSE
1ST _____
2ND _____
3RD _____
4TH _____

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT:

STREET ADDRESS: _____

CITY STATE ZIP: _____