

STATE OF NEW YORK  
**MARRIAGE APPLICATION WORKSHEET**

**Party 1**

FULL NAME \_\_\_\_\_

First Middle Last

Social Security Number \_\_\_\_\_

Middle Name After Marriage \_\_\_\_\_

Surname After Marriage \_\_\_\_\_

Birth Name, if Different \_\_\_\_\_

Street Address \_\_\_\_\_

(Circle One & Specify)

CITY/TOWN/VILLAGE \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

IS RESIDENCE WITHIN THE CITY OR INCORPORATED VILLAGE? Yes or No

AGE \_\_\_\_\_ DOB \_\_\_\_\_ SEX(Optional) \_\_\_\_\_

MM/DD/YYYY

PLACE OF BIRTH \_\_\_\_\_

EMPLOYMENT-OCCUPATION \_\_\_\_\_

TYPE OF BUSINESS OR INDUSTRY \_\_\_\_\_

**Party 2**

FULL NAME \_\_\_\_\_

First Middle Last

Social Security Number \_\_\_\_\_

Middle Name After Marriage \_\_\_\_\_

Surname After Marriage \_\_\_\_\_

Birth Name, if Different \_\_\_\_\_

Street Address \_\_\_\_\_

(Circle One & Specify)

CITY/TOWN/VILLAGE \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

IS RESIDENCE WITHIN THE CITY OR INCORPORATED VILLAGE? Yes or No

AGE \_\_\_\_\_ DOB \_\_\_\_\_ SEX(Optional) \_\_\_\_\_

MM/DD/YYYY

PLACE OF BIRTH \_\_\_\_\_

EMPLOYMENT -OCCUPATION \_\_\_\_\_

TYPE OF BUSINESS OR INDUSTRY \_\_\_\_\_

Please check the following box if any party is a member of Armed Forces of the United States on active duty. Please be prepared to show military id to cashier.