

**ROTTERDAM TOWN CLERK
APPLICATION FOR MARRIAGE**

LICENSE NUMBER: _____
DATE: _____
TIME: _____

1. A. FULL NAME _____
FIRST MIDDLE CURRENT SURNAME

B. BIRTH NAME, IF DIFFERENT _____

C. SURNAME AFTER MARRIAGE _____
(OPTIONAL - SEE REVERSE)

D. SOCIAL SECURITY NUMBER _____

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

C. CHECK ONE CITY TOWN VILLAGE
AND SPECIFY _____

D. STREET ADDRESS _____ ZIP _____

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

3. A. AGE _____ 3B. DATE OF BIRTH _____
MONTH DAY YEAR

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? (3) DIVORCE (3) ANNULMENT (2) DEATH

C. DATE LAST MARRIAGE ENDED? _____
MONTH DAY YEAR

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

10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION

DATE OF DECREE	PLACE ISSUED	AGAINST WHOM
(MONTH, DAY, YEAR)	(CITY, STATE/COUNTRY, IF NOT USA)	SELF SPOUSE
1ST _____		<input type="checkbox"/> <input type="checkbox"/>
2ND _____		<input type="checkbox"/> <input type="checkbox"/>
3RD _____		<input type="checkbox"/> <input type="checkbox"/>
4TH _____		<input type="checkbox"/> <input type="checkbox"/>

11. A. FULL NAME _____
FIRST MIDDLE CURRENT SURNAME

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

C. SURNAME AFTER MARRIAGE _____
(OPTIONAL - SEE REVERSE)

D. SOCIAL SECURITY NUMBER _____

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

C. CHECK ONE CITY TOWN VILLAGE
AND SPECIFY _____

D. STREET ADDRESS _____ ZIP _____

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

13. A. AGE _____ 13.B. DATE OF BIRTH _____
MONTH DAY YEAR

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? (3) DIVORCE (3) ANNULMENT (2) DEATH

C. DATE LAST MARRIAGE ENDED? _____
MONTH DAY YEAR

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

20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION

DATE OF DECREE	PLACE ISSUED	AGAINST WHOM
(MONTH, DAY, YEAR)	(CITY, STATE/COUNTRY, IF NOT USA)	SELF SPOUSE
1ST _____		<input type="checkbox"/> <input type="checkbox"/>
2ND _____		<input type="checkbox"/> <input type="checkbox"/>
3RD _____		<input type="checkbox"/> <input type="checkbox"/>
4TH _____		<input type="checkbox"/> <input type="checkbox"/>

SIGNATURE _____

SIGNATURE _____

Specify address where marriage certificate should be sent

PHONE NUMBER: (h) _____ (w) _____