ROTTERDAM TOWN CLERK MARRIAGE LICENSE APPLICATION

MARRIAGE LICENSE APPLICATIONS ARE PROCESSED M-F BETWEEN THE HOURS OF 8:00-3:30

License Number:	Application Fee: \$40	Time:		
Date:		Solemnization Period Ends:		
Bride/Groom/Spouse Information		Bride/Groom/Spouse Information		
Name: Middle	Current Surname	Name: First Mid	ddle C	urrent Surname
Birth Name (If Different):		Birth Name (If Different):		
Surname After Marriage:		Surname After Marriage:		
Social Security Number:		Social Security Number:		
Residence:		Residence:		
State Cour	nty	State	County	
Check One: ☐ City ☐ Town ☐ Village Municipality Name:		Check One: ☐ City Municipality Name:		•
Street Address Zip Code		Street Address		Zip Code
Residence within Limits of City/Inc. Village? — Yes — No Age: Date of Birth:		Residence within Limits of City/Inc.Village? ¬Yes ¬No Age: Date of Birth:		
Sex (Optional): Place of Birth:		Sex (Optional): Place of Birth:		
Usual Occupation:		Usual Occupation:		
Industry Type:		Industry Type:		
Father's Full Name:		Father's Full Name:		
Country of Birth:		Country of Birth:		
Mother's Full Maiden Name:		Mother's Full Maiden Name:		
Country of Birth:		Country of Birth:		
Number of This Marriage:		Number of This Marriage: <u>Previous Marriages</u> Number Of Previous Marriages Which Ended By:		
Divorce Civil Annulmen			_	
Last Marriage Ended in Divorce				
Date Last Marriage Ended: Are Any Former Spouse(s) Alive?				
If Previous Divorced or Annulled Date of Decree Place Issue 1st	ed Against Whom		ce Issued	Against Whom
2 nd	□ Self □ Spouse	2 nd	 	□ Self □ Spouse
3 rd	□ Self □ Spouse	3 rd		□ Self □ Spouse
NOTE: Certified c	opies of all divorce decree	es and/or death certificates a	are require	d.
Signature COMPLETE ADDRESS WHERE	YOUR MARRIAGE CERTIF	Signature FICATE SHOULD BE MAILE	D TO AFTE	ER MARRIAGE:
Daytime Phone:		Daytime Phone:		