

TOWN OF JAY

Office of the Town Clerk

Carol Greenley Hackel
townclerk@townofjayny.gov

P.O. Box 730, 11 School Lane
Au Sable Forks, NY 12912

Telephone: (518) 647-2204
Fax: (518) 647-5692

Marriage License Worksheet

Complete 1 for each party

1. Name:

a. Current Full Name:

b. Name at birth (if different):

c. Middle name after marriage (if changing):

d. Surname after marriage:

e. Social Security Number:

2. Residence:

a. State: _____

b. County: _____

c. Check one and specify: City Town Village _____

d. Street address: _____

e. Zip code: _____

3. Age:

a. Current age: _____

b. Date of birth (mm/dd/yyyy): _____

c. Sex (optional): _____

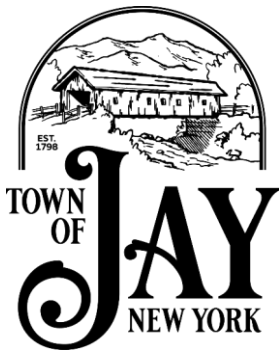
4. Employment (usual occupation): _____

5. Place of Birth (city/state or country, if not USA): _____

6. Father or Parent:

a. Name (on current birth certificate): _____

b. Country of birth: _____



TOWN OF JAY

Office of the Town Clerk

Carol Greenley Hackel
townclerk@townofjayny.gov

P.O. Box 730, 11 School Lane
Au Sable Forks, NY 12912

Telephone: (518) 647-2204
Fax: (518) 647-5692

7. Mother or Parent:

a. Name (on current birth certificate): _____

b. Country of birth: _____

8. Number of this marriage: _____

9. Previous marriages:

a. Number ended in: ___ 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:

	Date of Decree (Month/Day/Year)	Place Issued (City/State or Country, if not USA)	Against Whom	
			Self	Spouse
1 st			<input type="checkbox"/>	<input type="checkbox"/>
2 nd			<input type="checkbox"/>	<input type="checkbox"/>
3 rd			<input type="checkbox"/>	<input type="checkbox"/>
4 th			<input type="checkbox"/>	<input type="checkbox"/>