

STATE OF NEW YORK

APPLICATION FOR MARRIAGE LICENSE - CITY OF PEEKSKILL, NY 10566

REQUIRED: VALID DRIVERS LICENSE OR PASSPORT, ORIGINAL BIRTH CERTIFICATES WITH RAISED SEALS & IF PREVIOUSLY MARRIED, DIVORCE PAPERS OR DEATH CERTIFICATE(S)

GROOM/PARTNER #1

PHONE NUMBER: _____

1a. FULL NAME: _____

1b. BIRTH NAME, IF DIFFERENT: _____

1c. SURNAME AFTER MARRIAGE: _____

1d. MIDDLE NAME AFTER MARRIAGE: _____

1e. SOCIAL SECURITY NUMBER: _____

2a. RESIDENCE a. _____ b. _____
(STATE) (CITY) (COUNTY)2c. CHECK ONE AND CITY TOWN VILLAGE
SPECIFY: _____

2d. STREET ADDRESS W/ZIP: _____

2e. IS RESIDENCE WITHIN LIMITS OF CITY OR
INCORPORATED VILLAGE: YES NO

3. a. AGE: _____ 13b. DATE OF BIRTH: _____

3c. SEX (OPTIONAL): _____

4. OCCUPATION: _____

4a. TYPE OF BUSINESS/INDUSTRY: _____

5. PLACE OF BIRTH: _____

6. FATHER'S NAME OR PARENT (OR MAIDEN NAME IF
APPLICABLE): _____

6a. COUNTRY OF BIRTH: _____

7. MOTHER'S NAME OR PARENT (OR MAIDEN NAME IF
APPLICABLE): _____

7a. COUNTRY OF BIRTH: _____

8. NUMBER OF THIS MARRIAGE: _____

9. PREVIOUS MARRIAGES (IF APPLICABLE)

DIVORCE _____

CIVIL ANNULMENT _____

DEATH _____

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

DATE OF DECREE _____ PLACE ISSUED _____

1st: _____2nd: _____3rd: _____4th: _____ADDRESS OF RESIDENCE AFTER MARRIAGE
(this is where your official documents will be mailed):

_____Return to: jmoore@cityofpeeksill.com

Or fax to: (914) 734-4233

BRIDE/PARTNER #2

PHONE NUMBER: _____

11a. FULL NAME: _____

11b. BIRTH NAME, IF DIFFERENT: _____

11c. SURNAME AFTER MARRIAGE: _____

11d. MIDDLE NAME AFTER MARRIAGE: _____

11e. SOCIAL SECURITY NUMBER: _____

12a. RESIDENCE a. _____ b. _____
(STATE) (CITY) (COUNTY)12c. CHECK ONE AND CITY TOWN VILLAGE
SPECIFY: _____

12d. STREET ADDRESS W/ZIP: _____

12e. IS RESIDENCE WITHIN LIMITS OF CITY OR
INCORPORATED VILLAGE: YES NO

13. a. AGE: _____ 13b. DATE OF BIRTH: _____

13c. SEX (OPTIONAL): _____

14. OCCUPATION: _____

14a. TYPE OF BUSINESS/INDUSTRY: _____

15. PLACE OF BIRTH: _____

16. FATHER'S NAME OR PARENT (OR MAIDEN NAME IF
APPLICABLE): _____

16a. COUNTRY OF BIRTH: _____

17. MOTHER'S NAME OR PARENT (OR MAIDEN NAME IF
APPLICABLE): _____

17a. COUNTRY OF BIRTH: _____

18. NUMBER OF THIS MARRIAGE: _____

19. PREVIOUS MARRIAGES (IF APPLICABLE)

DIVORCE _____

CIVIL ANNULMENT _____

DEATH _____

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

DATE OF DECREE _____ PLACE ISSUED _____

1st: _____2nd: _____3rd: _____4th: _____

OFFICIAL OFFICE USE ONLY