

APPLICATION FOR MARRIAGE LICENSE IN AMHERST NY / \$40 PER COUPLE

DATE OF MARRIAGE CEREMONY	
OFFICIANT OF CEREMONY:	
SOCIAL SECURITY#:	
FIRST NAME:	
CURRENT MIDDLE NAME:	
CURRENT LAST NAME:	
BIRTH NAME (IF DIFFERENT):	
LAST NAME AFTER MARRIAGE (IF CHANGING)	
MIDDLE NAME AFTER MARRIAGE:	
CONTACT INFORMATION	
PHONE NUMBER:	
EMAIL ADDRESS:	
STREET ADDRESS:	
CITY/TOWN/VILLAGE & COUNTY:	
STATE AND ZIP CODE:	
AGE:	
DATE OF BIRTH:	
PLACE OF BIRTH:	
GENDER (OPTIONAL):	
FAMILY HISTORY	
FATHER'S FULL NAME/BIRTH COUNTRY:	
MOTHER'S FULL NAME/BIRTH COUNTRY:	
OCCUPATION	
TYPE OF INDUSTRY OR BUSINESS & TITLE:	
ACTIVE MILITARY?	
IS THIS YOUR FIRST MARRIAGE?	YES ___ NO ___
IF YES: SKIP PAGE 2	
**IF NO: NUMBER OF PREVIOUS MARRIAGES:	
NUMBER ENDING IN DIVORCE	
NUMBER ENDING IN DEATH	
NUMBER ENDING LEGAL ANNULMENT	
HOW DID THE LAST MARRIAGE END:	DIVORCE / ANNULMENT / DEATH
ARE ANY FORMER SPOUSES LIVING	YES ___ NO ___

APPLICATION FOR MARRIAGE LICENSE IN AMHERST NY PAGE 2

PREVIOUS MARRIAGES	
FIRST: DIVORCE / ANNULMENT / DEATH	
DATE OF DECREE	
DECREE ISSUED IN: CITY / COUNTY / STATE	
DIVORCE AGAINST WHOM?	SELF _____ SPOUSE _____

SECOND: DIVORCE / ANNULMENT / DEATH	
DATE OF DECREE	
DECREE ISSUED IN: CITY / COUNTY / STATE	
DIVORCE AGAINST WHOM?	SELF _____ SPOUSE _____

THIRD: DIVORCE / ANNULMENT / DEATH	
DATE OF DECREE	
DECREE ISSUED IN: CITY / COUNTY / STATE	
DIVORCE AGAINST WHOM?	SELF _____ SPOUSE _____

FOURTH: DIVORCE / ANNULMENT / DEATH	
DATE OF DECREE	
DECREE ISSUED IN: CITY / COUNTY / STATE	
DIVORCE AGAINST WHOM?	SELF _____ SPOUSE _____