

# MARRIAGE WORKSHEET

## Bride/Groom/Spouse

1. A. Full Name \_\_\_\_\_  

First	Middle	current surname
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- B. Birth Name, if different \_\_\_\_\_
- C. Surname after Marriage \_\_\_\_\_
- D. Social Security Number \_\_\_\_\_
2. Residence A. \_\_\_\_\_ B. \_\_\_\_\_
- C. Check One \_\_\_\_\_ State \_\_\_\_\_ Town \_\_\_\_\_ Village \_\_\_\_\_ County \_\_\_\_\_  
 And Specify \_\_\_\_\_
- D. Street Address \_\_\_\_\_ Zip \_\_\_\_\_
- E. Is Residence Within Limits of City or Incorporated in Village? Y \_\_\_\_\_ N \_\_\_\_\_
3. A. Age \_\_\_\_\_ B. Date of Birth \_\_\_\_\_ C. Sex \_\_\_\_\_  
 MM/DD/YYYY \_\_\_\_\_ Optional
4. Employment \_\_\_\_\_
- A. Usual Occupation \_\_\_\_\_
- B. Type of Industry or Business \_\_\_\_\_
5. Place of Birth \_\_\_\_\_  
 City, State / Country, if not USA
6. Father or Parent \_\_\_\_\_
- A. Name (or Maiden Name, if Applicable) \_\_\_\_\_
- B. Country of Birth \_\_\_\_\_
7. Mother or Parent \_\_\_\_\_
- A. Name (or Maiden Name, if Applicable) \_\_\_\_\_
- 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? Divorce \_\_\_\_\_ 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	Place Issued	Against Whom
(Month, Day, Year)	(City, County, State/Country, if not USA)	Self Spouse

1. A. Full Name \_\_\_\_\_  

First	Middle	current surname
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- B. Birth Name, if different \_\_\_\_\_
- C. Surname after Marriage \_\_\_\_\_
- D. Social Security Number \_\_\_\_\_
2. Residence A. \_\_\_\_\_ B. \_\_\_\_\_
- C. Check One \_\_\_\_\_ State \_\_\_\_\_ Town \_\_\_\_\_ Village \_\_\_\_\_ County \_\_\_\_\_  
 And Specify \_\_\_\_\_
- D. Street Address \_\_\_\_\_ Zip \_\_\_\_\_
- E. Is Residence Within Limits of City or Incorporated in Village? Y \_\_\_\_\_ N \_\_\_\_\_
3. A. Age \_\_\_\_\_ B. Date of Birth \_\_\_\_\_ C. Sex \_\_\_\_\_  
 MM/DD/YYYY \_\_\_\_\_ Optional
4. Employment \_\_\_\_\_
- A. Usual Occupation \_\_\_\_\_
- B. Type of Industry or Business \_\_\_\_\_
5. Place of Birth \_\_\_\_\_  
 City, State / Country, if not USA
6. Father or Parent \_\_\_\_\_
- A. Name (or Maiden Name, if Applicable) \_\_\_\_\_
- B. Country of Birth \_\_\_\_\_
7. Mother or Parent \_\_\_\_\_
- A. Name (or Maiden Name, if Applicable) \_\_\_\_\_
- 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? Divorce \_\_\_\_\_ 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	Place Issued	Against Whom
(Month, Day, Year)	(City, County, State/Country, if not USA)	Self Spouse

TOWN OF CROGHAN 9882 St. Rt. 126 Ste. A Castorland, NY 13620

Bride/Groom/Spouse