

Town of Denmark
3707 Roberts Road
Carthage, NY 13619
(315) 493-3846 ext. 1

MARRIAGE LICENSE WORKSHEET

Please complete this form and provide it to the Town Clerk's Office when you are setting up your appointment. Appointments are not required but are strongly suggested.

Marriage licenses become valid for use 24 hours after issuance and are valid for up to 60 days. The fee for a marriage license is \$40.00. A discounted license is available for \$17.50 if either person is Active-Duty Military, proof must be provided.

Please remember you must provide proof of your identity (State or Federal issued photo ID or a Birth Certificate) and proof of how any previous marriage ended (divorce decree, death certificate) at the time the license is issued.

BRIDE/GROOM/SPOUSE	BRIDE/GROOM/SPOUSE	
A. CURRENT FIRST NAME _____ CURRENT MIDDLE NAME _____ CURRENT SURNAME _____	11. A. CURRENT FIRST NAME _____ CURRENT MIDDLE NAME _____ CURRENT SURNAME _____	
B. BIRTH SURNAME, IF DIFFERENT _____	B. BIRTH SURNAME, IF DIFFERENT _____	
<small>* CHANGING MIDDLE AND/OR SURNAME UPON MARRIAGE IS OPTIONAL, SEE BACK FOR INFORMATION.</small>		
* C. MIDDLE NAME AFTER MARRIAGE (IF CHANGING) _____	* C. MIDDLE NAME AFTER MARRIAGE (IF CHANGING) _____	
* D. SURNAME AFTER MARRIAGE (IF CHANGING) _____	* D. SURNAME AFTER MARRIAGE (IF CHANGING) _____	
SOCIAL SECURITY NUMBER _____	E. SOCIAL SECURITY NUMBER _____	
RESIDENCE A. _____ B. _____ <small>(STATE) (COUNTY)</small>	12. RESIDENCE A. _____ B. _____ <small>(STATE) (COUNTY)</small>	
C. CHECK ONE AND SPECIFY CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/>	C. CHECK ONE AND SPECIFY CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/>	
D. STREET ADDRESS _____ ZIP _____	D. STREET ADDRESS _____ ZIP _____	
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES <input type="checkbox"/> NO <input type="checkbox"/>	E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
A. AGE _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____ <small>MM/DD/YYYY</small>	13. A. AGE _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____ <small>MM/DD/YYYY</small>	
EMPLOYMENT USUAL OCCUPATION _____	14. EMPLOYMENT USUAL OCCUPATION _____	
PLACE OF BIRTH _____ <small>(CITY, STATE or COUNTRY, IF NOT USA)</small>	15. PLACE OF BIRTH _____ <small>(CITY, STATE or COUNTRY, IF NOT USA)</small>	
FATHER OR PARENT A. NAME (ON CURRENT BIRTH CERTIFICATE) _____	16. FATHER OR PARENT A. NAME (ON CURRENT BIRTH CERTIFICATE) _____	
B. COUNTRY OF BIRTH _____	B. COUNTRY OF BIRTH _____	
MOTHER OR PARENT A. NAME (ON CURRENT BIRTH CERTIFICATE) _____	17. MOTHER OR PARENT A. NAME (ON CURRENT BIRTH CERTIFICATE) _____	
B. COUNTRY OF BIRTH _____	B. COUNTRY OF BIRTH _____	
NUMBER OF THIS MARRIAGE: _____ 9. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____	18. NUMBER OF THIS MARRIAGE: _____ 19. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____	
B. HOW DID LAST MARRIAGE END? DIVORCE <input type="checkbox"/> (3) ANNULMENT <input type="checkbox"/> (3) DEATH <input type="checkbox"/> (2)	19. B. HOW DID LAST MARRIAGE END? DIVORCE <input type="checkbox"/> (3) ANNULMENT <input type="checkbox"/> (3) DEATH <input type="checkbox"/> (2)	
C. DATE LAST MARRIAGE ENDED? _____ <small>MM/DD/YYYY</small>	C. DATE LAST MARRIAGE ENDED? _____ <small>MM/DD/YYYY</small>	
D. ARE ANY FORMER SPOUSE(S) ALIVE? YES <input type="checkbox"/> NO <input type="checkbox"/>	D. ARE ANY FORMER SPOUSE(S) ALIVE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
I. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION		
DATE OF DECREE <small>(MONTH, DAY, YEAR)</small>	PLACE ISSUED <small>(CITY/COUNTY, STATE or COUNTRY, IF NOT USA)</small>	AGAINST WHOM SELF SPOUSE
1ST _____	_____	<input type="checkbox"/> <input type="checkbox"/>
2ND _____	_____	<input type="checkbox"/> <input type="checkbox"/>
3RD _____	_____	<input type="checkbox"/> <input type="checkbox"/>
4TH _____	_____	<input type="checkbox"/> <input type="checkbox"/>
20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION		
DATE OF DECREE <small>(MONTH, DAY, YEAR)</small>	PLACE ISSUED <small>(CITY/COUNTY, STATE or COUNTRY, IF NOT USA)</small>	AGAINST WHOM SELF SPOUSE
1ST _____	_____	<input type="checkbox"/> <input type="checkbox"/>
2ND _____	_____	<input type="checkbox"/> <input type="checkbox"/>
3RD _____	_____	<input type="checkbox"/> <input type="checkbox"/>
4TH _____	_____	<input type="checkbox"/> <input type="checkbox"/>

Telephone Number _____

Expected date of marriage _____ Officiant Name _____