Marriage License Questionnaire

A New York State Marriage License is Valid for **60** days.

Name	:												
Middle Name After Marriage:								Surname after Marriage:					
Address:								Phone:					
Do you live in a: CITY TOWN VILLAGE								Speci	fy:				
Count	ty:												
Age:				Sex (optional):	M	F	SS#:					
Date of Birth:				Place	of Birth:								
Usual	Occup	ation:				Type	of Indust	ry or I	Busir	iess:			
Father's Name:								Born in US (if no list Country):				try):	
Mother's Name (Maiden):								Born in US (if no list Country):			try):		
Previo	ous Ma	rriages:	YES	NO									

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Name:	_						
Middle Name After Marriage:		Surname after Marriage:					
Address:		Phone:					
Do you live in a: CITY TOWN	VILLAGE	Specify:					
County:							
Age: Sex (opti	onal): M F	SS#:					
Date of Birth:	Place of Birth	; <u> </u>					
Usual Occupation:	Type of Indus	try or Business:					
Father's Name:		Born in US (if no list Country):					
Mother's Name (Maiden):		Born in US (if no list Country):					
Previous Marriages: YES NO							