

TOWN OF BERLIN

P.O. Box 307

Berlin, New York 12022-0307

Marriage Worksheet

Please complete the worksheet below prior to meeting with the Town Clerk.

There is a \$30 fee for all Marriage Licenses

There is a \$25 fee for all One Day Officiant Applications.

Party 1:

Full Name: _____
(First) (Middle) (Current Surname)

Birth Name (if different): _____

Surname after marriage: _____

Social Security Number: _____

Residence: _____
(State) (County)

Circle one: City/Town/Village

Street Address: _____

Is residence within the limits of a City or Incorporated Village: (Circle one) Yes / No

Age: _____ Date of Birth: _____ Sex (optional): _____

Usual Occupation: _____ Type of Industry/Business: _____

Place of Birth: _____
(City) (State) (Country)

Name of Father or Parent: _____

Country of Birth: _____

Name of Mother or Parent: _____

Country of Birth: _____

Number of this Marriage: _____

Number of previous marriages which ended by: _____
(Divorce) (Annulment) (Death)

Date the last marriage ended: _____

If the previous marriage ended in divorce or annulment, provide the below information:

1st _____
(Date of Decree) (Place Issued) (Against Self /Whom Spouse)

2nd _____
(Date of Decree) (Place Issued) (Against Self /Whom Spouse)

3rd _____
(Date of Decree) (Place Issued) (Against Self /Whom Spouse)

Documents of Proof:

___ Birth Certificate ___ Passport/Visa ___ Social Security Card ___ Drivers License/ Photo ID ___ Other

Party 2:

Full Name: _____
(First) (Middle) (Current Surname)

Birth Name (if different): _____

Surname after marriage: _____

Social Security Number: _____

Residence: _____
(State) (County)

Circle one: City/Town/Village

Street Address: _____

Is residence within the limits of a City or Incorporated Village: (Circle one) Yes / No

Age: _____ Date of Birth: _____ Sex (optional): _____

Usual Occupation: _____ Type of Industry/Business: _____

Place of Birth: _____
(City) (State) (Country)

Name of Father or Parent: _____

Country of Birth: _____

Name of Mother or Parent: _____

Country of Birth: _____

Number of this Marriage: _____

Number of previous marriages which ended by: _____
(Divorce) (Annulment) (Death)

Date the last marriage ended: _____

If the previous marriage ended in divorce or annulment, provide the below information:

1st _____
(Date of Decree) (Place Issued) (Against Self /Whom Spouse)

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Documents of Proof:

___ Birth Certificate ___ Passport/Visa ___ Social Security Card ___ Drivers License/ Photo ID ___ Other