

CITY OF ALBANY APPLICATION FOR MARRIAGE LICENSE

PLEASE PRINT CLEARLY AND LEGIBLY

DATE: _____ OFFICIAL USE: NUMBER _____

<p>Bride/Groom/Spouse Information 1</p> <p>Name: _____ First _____ Middle _____ Last _____</p> <p>Birth Name (If Different): _____</p> <p>Last Name After Marriage: _____</p> <p>Social Security Number: _____ - _____ - _____</p> <p>Residence: _____</p> <p>State _____ County _____</p> <p>Check One: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village</p> <p>Municipality Name: _____</p> <p>Street Address _____ Zip Code _____</p> <p>Daytime Phone # _____</p> <p>Residence Within Limits of Incorporated City or Village? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Bride/Groom/Spouse Information 2</p> <p>Name: _____ First _____ Middle _____ Last _____</p> <p>Birth Name (If Different): _____</p> <p>Last Name After Marriage: _____</p> <p>Social Security Number: _____ - _____ - _____</p> <p>Residence: _____</p> <p>State _____ County _____</p> <p>Check One: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village</p> <p>Municipality Name: _____</p> <p>Street Address _____ Zip Code _____</p> <p>Daytime Phone # _____</p> <p>Residence Within Limits of Incorporated City or Village? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Date of Birth: _____ Age: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F (optional)</p> <p>Place of Birth: _____</p> <p>Father's Full Name: _____</p> <p>Father's <u>Country</u> of Birth: _____</p> <p>Mother's Full <u>Maiden</u> Name: _____</p> <p>Mother's <u>Country</u> of Birth: _____</p>	
<p>Number of This Marriage: 1 2 3 4 (Select One) Previous Marriage Ended By: (Check One)</p> <p><input type="checkbox"/> Divorce ----- Produce All Divorce Papers <input type="checkbox"/> Annulment ----- Produce All Annulment Papers <input type="checkbox"/> Death ----- Produce Death Certificate</p> <p>Former Spouse Living: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date First Marriage Ended: _____</p> <p>Date Second Marriage Ended: _____</p> <p>Date Third Marriage Ended: _____</p> <p>Date Fourth Marriage Ended: _____</p>	
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ADDRESS WHERE YOU WILL BE LIVING AFTER MARRIAGE WHERE CERTIFIED MARRIAGE CERTIFICATE WILL BE MAILED

***** _____ *****

***** _____ *****

***** _____ *****

NOTE: All divorce decrees or death certificates are required.

And either a Certified Birth Certificate or Baptismal Certificate AND one form of government issued photo identification, e.g.
driver license, passport, immigration record.