

CITY OF ALBANY APPLICATION FOR MARRIAGE LICENSE

PLEASE PRINT CLEARLY AND LEGIBLY

DATE: _____ OFFICIAL USE: NUMBER _____

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

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.