

TOWN OF DICKINSON MARRIAGE LICENSE APPLICATION

No. _____

BRIDE/GROOMS/SPOUSE INFORMATION:

Name _____ <small>(First) (Middle) (Last)</small>		SS# _____ - _____ - _____
Surname (Last Name) after marriage: _____		Birth Surname: _____
Mailing Address: _____		Home Phone _____
City: _____	State: _____	Zip Code: _____
Town, Village, City of Residence : _____ (not always the same as postal address).		
County: _____	Is residence within limits of City or Inc. Village? Yes___ No___	
Date of Birth: ____ - ____ - ____	Age: _____	Usual Occupation: _____
Birth Place: _____ <small>(City, State & Country if not USA)</small>	Type of Business: _____	
Father's Name: _____		Country of Birth: _____
Mother's Maiden Name: _____		Country of Birth: _____
Number of this Marriage: _____		How did the last marriage end? _____ <small>(Divorce, annulment or death)</small>
Number of previous marriages which ended by:		Date Ended: _____
Divorce: ____ Annulment ____ Death ____		Are any former spouses alive? Yes ____ No ____
If previously divorced, please provide the following information:		
<u>Date of Decree</u>	<u>Place of Issued (City, State/Country if not USA)</u>	<u>Against Whom?</u>
____/____/____	_____	self ___ spouse ___
____/____/____	_____	self ___ spouse ___
____/____/____	_____	self ___ spouse ___

APPLICATIONS FOR MARRIAGE LICENSES ARE PROCESSED BY APPOINTMENT OR ON A WALK-IN BASIS MONDAY THROUGH FRIDAY BETWEEN 9:00 AM TO 3:00 PM ONLY.

**TOWN OF DICKINSON
PHONE 607.723.9401**

**531 OLD FRONT STREET
FAX 607.723.0922**

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