

**REQUIREMENTS FOR OBTAINING A MARRIAGE LICENSE**  
**IN THE**  
**TOWN OF MAMARONECK**

**1. An original or certified copy of your BIRTH CERTIFICATE.**

Foreign birth records must be in certified translation form

We will not accept documents which are torn, taped or laminated

**2. Second Form of Identification required, such as**

Current Driver's License

Current Passport

Nationalization Papers

Resident Alien Card

US Military ID

**3. IF PREVIOUSLY MARRIED**

Must show a copy of DIVORCE PAPERS

**ALL DOCUMENTATION MUST BE IN ENGLISH OR CERTIFIED TRANSLATION**

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**Licenses are issued Monday thru Friday 8:30 AM to 3:00 PM**

**Cost for Marriage Licenses is \$40.00, cash or check**

**Marriage Licenses take effect 24 hours after they are issued, and are valid for 60 days from issue date**

**Marriage Licenses are only valid for NEW YORK STATE**

## ATTENTION

### Social Security Numbers

Social Security Numbers of the bride and groom are mandatory. They are required by New York State Domestic Relations Law Section 15 and 42 U.S.C. 666(a). They may be used for child support enforcement purposes.

### Notice to Applicants

If the bride and groom wish to change the surname by which he or she is known after marriage, please review the information below and then complete item 1C and or 11C on the front side of this record.

- (1) Every person has the right to adopt any name by which he or she wishes to be known simply by using that name consistently and without intent to defraud.
- (2) A person's last name (surname) does not automatically change upon marriage, and neither party to the marriage must change his or her last name. Parties to a marriage need not have the same last name.
- (3) One or both parties to a marriage may elect to change the surname by which he or she wishes to be known after the solemnization of the marriage by entering the new name in the appropriate space provided in the Affidavit Section of this application. Such entry shall consist of one of the following surnames:
  - (i) The surname of the other spouse; or
  - (ii) Any former surname of either spouse; or
  - (iii) a name combining into a single surname all or a segment of the premarriage surname or any former surname of each spouse; or
  - (iv) a combination name separated by a hyphen, provided that each part of such combination surname is the premarriage surname, or any former surname, of each of the spouses.
- (4) The use of this option will have the effect of providing a record of the change of name. The marriage certificate, containing the new name, if any, constitutes proof that the use of the new name, or the retention of the former name, is lawful.
- (5) Neither the use of, nor the failure to use, this option of selecting a new surname by means of this application abrogates the right of each person to adopt a different name through usage at some future date.

### Clerks

- All entries must be typed or printed.
- Applicants must provide all information in the affidavit section.
- Issue original to couple after making a photocopy.
- Retain photocopy until original copy is returned by the Officiant.

**IDENTIFICATION**

**FOR TOWN CLERK'S USE ONLY**

**BRIDE GROOM**

<input type="checkbox"/>	<input type="checkbox"/>	DRIVER'S/NON DRIVERS ID	DATE OF MARRIAGE _____
<input type="checkbox"/>	<input type="checkbox"/>	PASSPORT	PLACE _____
<input type="checkbox"/>	<input type="checkbox"/>	BIRTH CERTIFICATE	TIME OF CEREMONY _____
<input type="checkbox"/>	<input type="checkbox"/>	SOCIAL SERVICES ID	OFFICIANT _____
<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	

**WORKSHEET  
THIS IS NOT A LICENSE**

**FROM THE GROOM**

**FROM THE BRIDE**

1. A. FULL NAME \_\_\_\_\_  
FIRST MIDDLE CURRENT SURNAME

B. BIRTH NAME, IF DIFFERENT \_\_\_\_\_

C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE) \_\_\_\_\_

D. SOCIAL SECURITY NUMBER \_\_\_\_\_

2. RESIDENCE A. \_\_\_\_\_ B. \_\_\_\_\_  
(STATE) (COUNTY)

C. CHECK ONE AND SPECIFY  CITY  TOWN  VILLAGE

D. STREET ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE?  YES  NO

3. A. AGE \_\_\_\_\_ 3B. DATE OF BIRTH \_\_\_\_\_  
MONTH DAY YEAR

4. EMPLOYMENT  
A. USUAL OCCUPATION \_\_\_\_\_  
B. TYPE OF INDUSTRY OR BUSINESS \_\_\_\_\_

5. PLACE OF BIRTH \_\_\_\_\_  
(CITY, STATE/COUNTRY IF NOT USA)

6. FATHER  
A. NAME \_\_\_\_\_  
B. COUNTRY OF BIRTH \_\_\_\_\_

7. MOTHER  
A. MAIDEN NAME \_\_\_\_\_  
B. COUNTRY OF BIRTH \_\_\_\_\_

8. NUMBER OF THIS MARRIAGE \_\_\_\_\_

9. PREVIOUS MARRIAGES  
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY  
DIVORCE CIVIL ANNULMENT DEATH

B. HOW DID LAST MARRIAGE END? (3)  DIVORCE (3)  ANNULMENT (2)  DEATH

C. DATE LAST MARRIAGE ENDED? \_\_\_\_\_  
MONTH DAY YEAR

D. ARE ANY FORMER SPOUSE(S) ALIVE?  YES  NO

10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION  
DATE OF DECREE PLACE ISSUED AGAINST WHOM  
(MONTH, DAY, YEAR) (CITY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE

1ST _____	<input type="checkbox"/>	<input type="checkbox"/>
2ND _____	<input type="checkbox"/>	<input type="checkbox"/>
3RD _____	<input type="checkbox"/>	<input type="checkbox"/>
4TH _____	<input type="checkbox"/>	<input type="checkbox"/>

11. A. FULL NAME \_\_\_\_\_  
FIRST MIDDLE CURRENT SURNAME

B. BIRTH NAME (MAIDEN NAME), IF DIFFERENT \_\_\_\_\_

C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE) \_\_\_\_\_

D. SOCIAL SECURITY NUMBER \_\_\_\_\_

12. RESIDENCE A. \_\_\_\_\_ B. \_\_\_\_\_  
(STATE) (COUNTY)

C. CHECK ONE AND SPECIFY  CITY  TOWN  VILLAGE

D. STREET ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE?  YES  NO

13. A. AGE \_\_\_\_\_ 13.B. DATE OF BIRTH \_\_\_\_\_  
MONTH DAY YEAR

14. EMPLOYMENT  
A. USUAL OCCUPATION \_\_\_\_\_  
B. TYPE OF INDUSTRY OR BUSINESS \_\_\_\_\_

15. PLACE OF BIRTH \_\_\_\_\_  
(CITY, STATE/COUNTRY IF NOT USA)

16. FATHER  
A. NAME \_\_\_\_\_  
B. COUNTRY OF BIRTH \_\_\_\_\_

17. MOTHER  
A. MAIDEN NAME \_\_\_\_\_  
B. COUNTRY OF BIRTH \_\_\_\_\_

18. NUMBER OF THIS MARRIAGE \_\_\_\_\_

19. PREVIOUS MARRIAGES  
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY  
DIVORCE CIVIL ANNULMENT DEATH

B. HOW DID LAST MARRIAGE END? (3)  DIVORCE (3)  ANNULMENT (2)  DEATH

C. DATE LAST MARRIAGE ENDED? \_\_\_\_\_  
MONTH DAY YEAR

D. ARE ANY FORMER SPOUSE(S) ALIVE?  YES  NO

20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION  
DATE OF DECREE PLACE ISSUED AGAINST WHOM  
(MONTH, DAY, YEAR) (CITY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE

1ST _____	<input type="checkbox"/>	<input type="checkbox"/>
2ND _____	<input type="checkbox"/>	<input type="checkbox"/>
3RD _____	<input type="checkbox"/>	<input type="checkbox"/>
4TH _____	<input type="checkbox"/>	<input type="checkbox"/>

I, being duly sworn, depose and say, that to the best of my knowledge and belief that the information I provided is true and that I declare that no legal impediment exists as to my right to enter into the marriage state.

21. SIGNATURE OF GROOM ► \_\_\_\_\_ 22. SIGNATURE OF BRIDE ► \_\_\_\_\_

**SPECIFY ADDRESS WHERE YOU WILL BE LIVING AFTER YOU ARE MARRIED:**

Street \_\_\_\_\_ City/Town/Village \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_