

DATE: _____

TOWN OF NORTH HEMPSTEAD MARRIAGE LICENSE APPLICATION WORKSHEET

Bride/Groom/Spouse

Bride/Groom/Spouse

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: _____ B. DATE OF BIRTH: _____ C. SEX (optional): _____

4. EMPLOYMENT
 A. USUAL OCCUPATION: _____
 B. TYPE OF INDUSTRY OR BUSINESS: _____

5. PLACE OF BIRTH: _____

6. FATHER OR PARENT
 A. NAME (or maiden name, if applicable): _____
 B. COUNTRY OF BIRTH: _____

7. MOTHER OR PARENT
 A. NAME (or maiden name, if applicable): _____
 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? DIVORCE (3) ANNULMENT (3) DEATH (2)

C. DATE LAST MARRIAGE ENDED? _____

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/County, State/Country, If not USA) SELF SPOUSE

1ST _____
 2ND _____
 3RD _____
 4TH _____

11. A. FULL NAME: _____
FIRST MIDDLE CURRENT SURNAME

B. BIRTH 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: _____ B. DATE OF BIRTH: _____ C. SEX (optional): _____

14. EMPLOYMENT
 A. USUAL OCCUPATION: _____
 B. TYPE OF INDUSTRY OR BUSINESS: _____

15. PLACE OF BIRTH: _____

16. FATHER OR PARENT
 A. NAME (or maiden name, if applicable): _____
 B. COUNTRY OF BIRTH: _____

17. MOTHER OR PARENT
 A. NAME (or maiden name, if applicable): _____
 B. COUNTRY OF BIRTH: _____

18. NUMBER THIS MARRIAGE: _____

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

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

C. DATE LAST MARRIAGE ENDED? _____

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/County, State/Country, If not USA) SELF SPOUSE

1ST _____
 2ND _____
 3RD _____
 4TH _____

* SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE SHOULD BE SENT

ADDRESS:

Name:

BGS PHONE NUMBER:

BGS PHONE NUMBER:

*** THIS IS NOT A MARRIAGE LICENSE**

THIS SIDE OFFICIAL USE ONLY

DATE: _____

INTERVIEW CONDUCTED BY: AG _____ CM _____ LY _____ OTHER _____

DOCUMENTS PRESENTED

(Check the applicable box)

	DRIVER'S LIC.	STATE	U.S. PASSPORT	GREEN CARD/ VISA	EXPIRES	NATURALIZATION	BIRTH RECORD	BAPTISMAL
1 st B G S								
2 nd B G S								

COMMENTS