

Town of Schroepfel
69 County Route 57A
Phoenix, New York 13135
315-695-6231

PLEASE CALL FOR AN APPOINTMENT 24 HOURS IN ADVANCE 315-695-6231 THANK YOU
MARRIAGE WORKSHEET

Date of Marriage: _____ Ceremony to be performed by: _____ Phone Number: _____
(We ask for this information is in case the person performing the marriage does not send your paperwork back in a timely manner.)

Where would you like the Marriage Certificate sent: _____

Groom:
Groom's Phone Number: _____ Social Security Number: _____

Full Name (Please use **First, Middle, Last**): _____

Birth Name (if different): _____ Surname (Last Name) after marriage: _____

Address: _____ State: _____ Zip Code: _____ County: _____

Do you live in (Specify One): City: _____ or Town: _____ or Village: _____

Is residence within limits of a city or incorporated village: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Employment: Occupation: _____ Type of Industry or Business: _____

Father's full name (**First, Middle, Last**): _____ Country of Birth: _____

Mother's full name (**First, Middle, Maiden**): _____ Country of Birth: _____

Number of this marriage (Yours): _____ Number Previous Marriages: _____ Divorce _____ Annulment _____ Death _____

How did your last marriage end: _____ Divorce _____ Annulment _____ Death _____ Are any former spouse (s) alive? _____

If previous marriage(s) ended in Divorce or Annulment please provide the following information, starting with the most current:

<u>Date of Decree (Month, Day, Year)</u>	<u>Place Issued (City, State/Country – if not USA)</u>	<u>Against:</u>	
_____	_____	_____ Self _____ Spouse	
_____	_____	_____ Self _____ Spouse	
_____	_____	_____ Self _____ Spouse	
_____	_____	_____ Self _____ Spouse	

Bride:
Bride's Phone Number: _____ Social Security Number: _____

Full Name (Please use **First, Middle, Last**): _____

Birth Name (if different): _____ Surname (Last Name) after marriage: _____

Address: _____ State: _____ Zip Code: _____ County: _____

Do you live in (Specify One): City: _____ or Town: _____ or Village: _____

Is residence within limits of a city or incorporated village: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Employment: Occupation: _____ Type of Industry or Business: _____

Father's full name (**First, Middle, Last**): _____ Country of Birth: _____

Mother's full name (**First, Middle, Maiden**): _____ Country of Birth: _____

Number of this marriage (Yours): _____ (Number) Previous Marriages: _____ Divorce _____ Annulment _____ Death _____

How did your last marriage end: _____ Divorce _____ Annulment _____ Death _____ Are any former spouse (s) alive? _____

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_____	_____	_____ Self _____ Spouse	
_____	_____	_____ Self _____ Spouse	
_____	_____	_____ Self _____ Spouse	