

**MARRIAGE LICENSE APPLICATION QUESTIONNAIRE
TOWN OF BRANT, NEW YORK**

**District: Brant
Year: 2007**

**IMPORTANT INFORMATION ABOUT NAMES USED ON THIS APPLICATION:
(According to NYS)**

- 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.
- 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.
- One of both parties may elect to change the surname by which he or she is 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:
 - The surname of the other spouse, or
 - Any former surname of either spouse, or
 - A name combining into a single surname all or a segment of the pre-marriage surname or any former surname of each spouse, or
 - A combination name separated by a hyphen, provided that each part of such combination surname is a premarriage surname, of each person.
- The use of this option will have an 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 retention of the former name, is lawful.

Neither the use of, nor 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.

GROOM INFORMATION:

1) Groom Info: FULL NAME & ADDRESS **PRIOR** to Marriage
(CURRENT LEGAL NAME ON YOUR DRIVERS LICENSE)

Title (Circle one) Dr, Mr.

1A. First Name: _____

1A Middle Name: _____

1C. Last Name: _____ (Current Surname)

1B. BIRTHNAME IF DIFFERENT _____

1C. Suffix: (Circle one) I, II, III, IV, JR, SR (If applicable)

1D. SOC. SEC. # _____

2) STREET ADDRESS: _____

PO BOX (If applicable) _____

CITY/VILLAGE/TOWN: _____ (Circle City, Town or Village)

STATE, ZIP CODE _____

PHONE _____

3) AGE: _____ 3B. DATE OF BIRTH _____

4) EMPLOYMENT:

A. USUAL OCCUPATION _____

B. TYPE OF INDUSTRY/BUSINESS _____

5) PLACE OF BIRTH _____

City. State/Country, If not USA

6) FATHER:

A. FULL NAME _____

B. COUNTRY OF BIRTH _____

GROOM'S INFO PRIOR TO MARRIAGE (CONT'D)

7) MOTHER:

- A. FULL (MAIDEN) NAME: _____
- B. COUNTRY OF BIRTH _____

8) NUMBER OF MARRIAGES: _____

9) PREVIOUS MARRIAGES

- A. NUMBER OF MARRIAGES ENDED BY:
DIVORCE____ CIVIL ANULMENT_____ DEATH_____
- B. HOW DID LAST MARRIAGE END? (*circle one*) Divorce / Annulment / Death
- C. DATE LAST MARRIAGE ENDED? ____/____/____
- D. IS ANY FORMER SPOUSE(S) ALIVE? (*Circle one*) YES / NO

GROOM INFO AFTER Marriage: (*SEE NYS NAME INFO ABOVE IN ITALICS*)

- Title: (Circle One) Dr, Mr.
- First Name: _____
- Middle Name: _____
- Last Name: _____ (*Surname AFTER marriage*)
- Suffix: (Circle one) I, II, III, IV, JR, SR (*If applicable*)

ADDRESS: (*WHERE YOU WILL GET MAIL AFTER THE MARRIAGE*):

- STREET ADDRESS: _____
- PO BOX (*If applicable*) _____
- CITY/VILLAGE/TOWN: _____ (*Circle City, Town or Village*)
- STATE, ZIP CODE _____
- PHONE _____

BRIDE INFORMATION:

1) BRIDE Info: FULL NAME & ADDRESS **PRIOR** to Marriage
(CURRENT LEGAL NAME ON YOUR DRIVERS LICENSE)

Title (*Circle one*) Dr., Miss, Mrs, Ms.

1A. First Name: _____
1A Middle Name: _____
1C. Last Name: _____ (*Current Surname*)
1B. BIRTHNAME IF DIFFERENT _____
1C. Suffix: (*Circle one*) I, II, III, IV, JR, SR (*If applicable*)
1D. SOC. SEC. # _____

BRIDE'S INFO PRIOR TO MARRIAGE (CON'T)

2) STREET ADDRESS: _____
PO BOX (*if applicable*) _____
CITY/VILLAGE/TOWN: _____ (*Circle City, Town or Village*)
STATE, ZIP CODE _____
PHONE _____

3) AGE: _____ 3B. DATE OF BIRTH _____

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

5) PLACE OF BIRTH _____
City, State/Country, If not USA

6) FATHER:
A. NAME _____
B. COUNTRY OF BIRTH _____

7) MOTHER:
A. FULL (MAIDEN) NAME: _____
B. COUNTRY OF BIRTH _____

8) NUMBER OF MARRIAGES: _____

9) PREVIOUS MARRIAGES
A. NUMBER OF MARRIAGES ENDED BY:
DIVORCE _____ CIVIL ANULMENT _____ DEATH _____
B. HOW DID LAST MARRIAGE END? (*circle one*) Divorce / Annulment / Death
C. DATE LAST MARRIAGE ENDED? ____/____/_____
D. IS ANY FORMER SPOUSE(S) ALIVE? (*Circle one*) YES / NO

BRIDE INFO AFTER MARRIAGE: (SEE NYS NAME INFO ABOVE IN ITALICS)

Title: (Circle One) Dr., Miss, Mrs, Ms
First Name: _____
Middle Name: _____
Last Name: _____ (*surname after marriage*)
Suffix: (Circle one) I, II, III, IV, JR, SR (*If applicable*)

ADDRESS: (*WHERE YOU WILL GET MAIL AFTER THE MARRIAGE*):

STREET ADDRESS: _____
PO BOX (if applicable) _____
CITY/VILLAGE/TOWN: _____ (*Circle City, Town or Village*)
STATE, ZIP CODE _____
PHONE _____

FEE: \$35.00 PAYABLE TO: TOWN OF BRANT

**I.D. REQUIRED – DRIVER’S LICENSE & CERTIFIED COPY OF BIRTH
CERTIFICATE & PROOF OF PAST DIVORCES/ANULMENTS**