

**Town of Volney  
1445 County Route 6  
Fulton, NY 13069  
315-593-8288**

**Marriage Worksheet**

Date of Marriage: \_\_\_\_\_

Ceremony to be performed by: \_\_\_\_\_

Phone number of Officiant: \_\_\_\_\_

(We ask for this information 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:**

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 \_\_\_\_\_ Employment/Occupation \_\_\_\_\_

Father's Full Name (FIRST, MIDDLE, LAST) \_\_\_\_\_ Country of Birth \_\_\_\_\_

Mother's Full Name (FIRST, MIDDLE, LAST) \_\_\_\_\_ Country of Birth \_\_\_\_\_

Number of this marriage \_\_\_\_\_ Number Previous Marriages \_\_\_\_\_

Divorce \_\_\_\_\_ Annulment \_\_\_\_\_ Death \_\_\_\_\_ Are Former Spouses Alive \_\_\_\_\_

Date of Decree (Month, Day, Year) \_\_\_\_\_ Place Issued (City, State/Country-if not USA) \_\_\_\_\_ Against \_\_\_\_\_

\_\_\_\_\_ Self \_\_\_\_\_ Spouse

\_\_\_\_\_ Self \_\_\_\_\_ Spouse

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**BRIDE:**

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 \_\_\_\_\_ Employment/Occupation \_\_\_\_\_

Father's Full Name (FIRST, MIDDLE, LAST) \_\_\_\_\_ Country of Birth \_\_\_\_\_

Mother's Full Name (FIRST, MIDDLE, LAST) \_\_\_\_\_ Country of Birth \_\_\_\_\_

Number of this marriage \_\_\_\_\_ Number Previous Marriages \_\_\_\_\_

Divorce \_\_\_\_\_ Annulment \_\_\_\_\_ Death \_\_\_\_\_ Are Former Spouses Alive \_\_\_\_\_

Date of Decree (Month, Day, Year) \_\_\_\_\_ Place Issued (City, State/Country-if not USA) \_\_\_\_\_ Against \_\_\_\_\_

\_\_\_\_\_ Self \_\_\_\_\_ Spouse

\_\_\_\_\_ Self \_\_\_\_\_ Spouse

\_\_\_\_\_ Self \_\_\_\_\_ Spouse