



OFFICE OF THE CITY CLERK ▪ CITY OF BINGHAMTON

MARRIAGE LICENSE APPLICATION

Information about applying for a marriage license may be obtained at the Office of the City Clerk or online at the New York State Department of Health's website at www.health.state.ny.us/vital_records.

Applications for Marriage Licenses are processed on a walk-in basis between the hours of **9:00am to 4:30pm**.

Applicant Name: _____ SSN: _____ - _____ - _____ (FIRST) (MIDDLE) (LAST)		
Surname after Marriage: _____ Birth Surname (If Different): _____		
Mailing Address: _____ Phone Number: _____		
City: _____ State: _____ Zip Code: _____		
City, Town or Village of Residence: _____		
County: _____ Is residence within limits of City or Inc. Village? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of Birth: _____ Age: _____ Sex(Optional): <input type="checkbox"/> Male <input type="checkbox"/> Female Place of Birth: _____	Usual Occupation: _____ Type of Business: _____	
Father's Full Name: _____ Country of Birth: _____		
Mother's Full Name (maiden): _____ Country of Birth: _____		
Number of this Marriage: _____ Number of Previous Marriages which ended by: Divorce _____ Death _____ Annulment _____	How did the last Marriage end? Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment <input type="checkbox"/> Date ended: _____ Are any former spouses still alive? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If previously divorced, please provide the following information:		
<u>Date of Decree</u>	<u>Place Issued (City, State, Country)</u>	<u>Against Whom?</u>
_____	_____	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
_____	_____	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
_____	_____	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
_____	_____	Self <input type="checkbox"/> Spouse <input type="checkbox"/>