

Marriage Licenses. What you need;

1. ***You must apply in person for a marriage license and the application for a license must be signed by both parties in the presence of the town or city clerk.*** A representative cannot apply for the license on behalf of either party. This applies even if the representative has been given the Power of Attorney. Notarized marriage license affidavits signed by either party cannot be substituted for their personal appearance. The License will be issued upon completion of the application.
2. Both parties must submit one item from Column A **AND** one item from Column B:

Column A (age related):

Birth Certificate
Baptismal record
Naturalization Record
Census Record

Column B: (identity related)

Driver's License
Passport
Employment Picture ID
Immigration Record

3. If you were married before, you must list all prior marriages. You must include your previous spouse's full name; the date the divorce decree was granted; and the city, state, and country where the divorce was issued. All divorces, annulments, and dissolutions must be finalized before you apply for a new Marriage License. A certified copy of the Decree of Divorce or a Certificate of Dissolution of Marriage must be presented to the clerk issuing the marriage license if you were married previously. If you are a widow or widower, you must provide your deceased spouse's full name and date of death.
4. Although the marriage license is issued immediately, the marriage ceremony may not take place within 24 hours from the exact time that the license was issued.
5. The cost of obtaining a marriage license is \$40 payable by cash or check, we do not accept credit cards. This fee includes the issuance of a Certificate of Marriage Registration.
6. Issuance of the Marriage Certificate is completed after the license is returned and all fields are completed by the Officiant and Witnesses. The officiant should submit the license back to the City or Town Clerk within 5 days of ceremony.

Minerva Town Clerk

**5 Morse Memorial Hwy
P.O. Box 909
Minerva, NY**

State Of New York
Marriage Application Worksheet

Person #1
 Full Name _____
 Social Security # _____
 Middle Name (after marriage) _____
 Surname (after marriage) _____
 Birth Name, if different _____

Person #2
 Full Name _____
 Social Security # _____
 Middle Name (after marriage) _____
 Surname (after marriage) _____
 Birth Name, if different _____

Street address _____
 Circle One: City/Town/Village _____
 Name of City/Town/Village _____
 State _____ Zip _____ County _____
 Phone Number _____

Street address _____
 Circle One: City/Town/Village _____
 Name of City/Town/Village _____
 State _____ Zip _____ County _____
 Phone Number _____

Age _____ DOB _____ Sex(optional) _____
 Place of Birth _____

Age _____ DOB _____ Sex(optional) _____
 Place of Birth _____

Employment-Occupation _____
 Type of Business/Industry _____
 Father Full Name _____
 Father Country of Birth _____
 Mother Full Maiden Name _____
 Mother Country of Birth _____

Employment-Occupation _____
 Type of Business/Industry _____
 Father Full Name _____
 Father Country of Birth _____
 Mother Full Maiden Name _____
 Mother Country of Birth _____

Number of marriages for you (including this one) _____
 Number of marriages ended by:
 Divorce _____ Annulment _____ Death _____
 How did the last marriage end:
 Divorce _____ Annulment _____ Death _____
 Date last marriage ended _____

Number of marriages for you (including this one) _____
 Number of marriages ended by:
 Divorce _____ Annulment _____ Death _____
 How did the last marriage end:
 Divorce _____ Annulment _____ Death _____
 Date last marriage ended _____

Any former spouses alive (circle one): Yes or No

Any former spouses alive (circle one): Yes or No

If previously divorced or annulled, please provide the following information:

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Date of Decree (mm/dd/yyyy) Place issued (city/state or county/country, if not in USA)

Date of Decree (mm/dd/yyyy) Place issued (city/state or county/country, if not in USA)

	Against whom Self or Spouse	
1 st _____	<input type="checkbox"/> <input type="checkbox"/>	
2 nd _____	<input type="checkbox"/> <input type="checkbox"/>	
3 rd _____	<input type="checkbox"/> <input type="checkbox"/>	
4 th _____	<input type="checkbox"/> <input type="checkbox"/>	

	Against whom Self or Spouse	
1 st _____	<input type="checkbox"/> <input type="checkbox"/>	
2 nd _____	<input type="checkbox"/> <input type="checkbox"/>	
3 rd _____	<input type="checkbox"/> <input type="checkbox"/>	
4 th _____	<input type="checkbox"/> <input type="checkbox"/>	

Please indicate the mailing address after marriage (Marriage Certificate will be mailed to this address):

_____ PO Box / Street City State Zip