

OFFICE OF THE TOWN CLERK

Town Hall, 8635 Clinton Street
New Hartford, NY 13413
Tel.: (315) 733-7500
Fax: (315) 797-9986



TOWN OF
NEW HARTFORD
NEW YORK

Michele Moran
Town Clerk

Susan Keller
Deputy Town Clerk

WORKSHEET FOR MARRIAGE LICENSE

There is a non-refundable \$40 (cash) fee which includes the license and original certificate of marriage. The license that you receive today has a New York State mandated 24-hour waiting period before it can be used and is valid for 59 days thereafter. You must be 18 years old to apply for this license without parental consent. Both parties to this marriage must appear in person at the Town Clerk's Office to sign the license before it can be issued. Licenses obtained in the Town of New Hartford may be used anywhere in New York State.

Required Identification (NO EXCEPTIONS):

1. PROOF OF IDENTITY- One of the following: Driver's license, valid passport, state-issued non-driver photo-ID, employment photo ID, U.S. Military issued photo-ID, or immigration record.

AND

2. PROOF OF AGE- One of the following: Original sealed birth certificate or a certified sealed copy, baptismal record with DOB, naturalization record with DOB, or Census record with DOB.

Bride/Groom/Spouse Information (circle one)

Name: _____
 First Middle Last

Birth Name (If Different): _____

Surname (After Marriage): _____

Social Security #: _____

Home Address: _____

Daytime Phone: _____

T/V/C: ___ Specify: _____ County _____

Residence within limits of incorporated City or Village? YES ___ NO ___

DOB: _____ Age: _____ Sex: M ___ F ___

Place of Birth: _____

Occupation: _____

Type of Industry or Business: _____

Father's Full Name: _____

Father's Country of Birth: _____

Mother's Full Maiden Name: _____

Mother's Country of Birth: _____

Number of previous marriages ending in Divorce: _____ or Death: _____. You must provide *CERTIFIED* copies of divorce papers or a death certificate for each previous marriage.

Bride/Groom/Spouse Information (circle one)

Name: _____
 First Middle Last

Birth Name (If Different): _____

Surname (After Marriage): _____

Social Security #: _____

Home Address: _____

Daytime Phone: _____

T/V/C: ___ Specify: _____ County _____

Residence within limits of incorporated City or Village? YES ___ NO ___

DOB: _____ Age: _____ Sex: M ___ F ___

Place of Birth: _____

Occupation: _____

Type of Industry or Business: _____

Father's Full Name: _____

Father's Country of Birth: _____

Mother's Full Maiden Name: _____

Mother's Country of Birth: _____

Number of previous marriages ending in Divorce: _____ or Death: _____. You must provide *CERTIFIED* copies of divorce papers or a death certificate for each previous marriage.