

TOWN OF ONONDAGA
5020 BALL ROAD
SYRACUSE, NY 13215

Marriage Worksheet – Return this form by fax or in person only

Date of Marriage _____ Ceremony to be performed by: _____ Officiant Phone#: _____

Bride/Groom/Spouse

Full Name (First, Middle, Current Surname): _____ Birth Name, if different: _____

Name After Marriage (Middle, Last): _____ Social Security #: _____ - _____ - _____

Address: State: _____ County: _____ City Town Village Specify: _____ Phone#: _____

Mailing Address: _____

Age: _____ Date of Birth: ____/____/____ Place of Birth (City, State): _____

Occupation: _____ Business Name: _____

Parent Name (First, M, Maiden) _____ Country of Birth _____

Parent Name (First, M, Maiden) _____ Country of Birth _____

Number of Previous Marriages by: Divorce _____ Civil Annulment _____ Death _____

Are any former spouses alive? Yes No If divorced or annulled provide the following information for each:

Date of Decree City, State issued Against Self or Spouse?

Bride/Groom/Spouse

Full Name (First, Middle, Current Surname): _____ Birth Name, if different: _____

Name After Marriage (Middle, Last): _____ Social Security #: _____ - _____ - _____

Address: State: _____ County: _____ City Town Village Specify: _____ Phone#: _____

Mailing Address: _____

Age: _____ Date of Birth: ____/____/____ Place of Birth (City, State): _____

Occupation: _____ Business Name: _____

Parent Name (First, M, Maiden) _____ Country of Birth _____

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