5400 Butternut Drive
East Syracuse, NY 13057-8509
Phone: 315.446.3910 x 2
clerk@townofdewitt.com

**Town Clerk**
**Tax Receiver**
Angela K. Epolito, RMC

Edward M. Michalenko, PhD.
*Supervisor*

TOWN OF DeWitt
more than you think

# Marriage Worksheet – Return this form at your marriage license appointment.

Fee: $40

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

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**Groom/Spouse**

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

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

Mailing Address (Street, City, State, Zip): _____

County: _____ ◯ City OR ◯ Town OR ◯ Village Specify: _____ Phone#: _____

Gender (optional): _____ Date of Birth: _____/_____/_____ Place of Birth (City, State): _____

Occupation: _____ Business Name: _____

Parent Name (As listed on YOUR birth certificate) _____ Country of Birth_____

Parent Name (As listed on YOUR birth certificate) _____ Country of Birth _____

Number of Previous Marriages ended by: Divorce _____ Civil Annulment _____ Death _____ Are any former spouses alive? ☐ Yes OR ☐ No

If divorced or annulled provide the following information for each:

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

**Bride/Spouse**

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

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

Mailing Address (Street, City, State, Zip): _____

County: _____ ◯ City OR ◯ Town OR ◯ Village Specify: _____ Phone#: _____

Gender (optional): _____ Date of Birth: _____/_____/_____ Place of Birth (City, State): _____

Occupation: _____ Business Name: _____

Parent Name (As listed on YOUR birth certificate) _____ Country of Birth_____

Parent Name (As listed on YOUR birth certificate) _____ Country of Birth _____

Number of Previous Marriages ended by: Divorce _____ Civil Annulment _____ Death _____ Are any former spouses alive? ☐ Yes OR ☐ No

If divorced or annulled provide the following information for each:

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