Town of SENECA

MARRIAGE APPLICATION

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BRIDE/ GROOM/ SPOUSE #1

PERSONAL INFORMATION

Full Name: _____
First *Middle* *Current Surname*

Birth Name *(if different):* _____ **Surname after marriage:** _____

Sex *(Optional):* _____ **Social Security Number:** _____-_____-_____

Date of Birth: _____/_____/_____ **Age:** _____

Current Residence: _____
Street Address *City* *State* *Zip*

Check One: *City* ☐ *Town* ☐ *Village* ☐ _____
Name of City, Town, or Village

Is residence within limits of a city or incorporated village? *Yes* ☐ *No* ☐

Occupation/ Title: _____ **Industry/ Business:** _____

PARENTS

Father or Parent Name: _____ **Maiden Name** *(if applicable):* _____

Country of Birth: _____

Mother or Parent Name: _____ **Maiden Name** *(if applicable):* _____

Country of Birth: _____

MARRIAGES

Number of this marriage: _____

Number of previous marriages ended by: *Divorce:* _____ *Civil Annulment:* _____ *Death:* _____

Last marriage ended by: *Divorce:* ☐ *Civil Annulment:* ☐ *Death:* ☐

Date Ended: _____/_____/_____ **Are any former spouses alive?** *Yes* ☐ *No* ☐

	Date of Decree *Month/ Day/ Year*	**Place Issued** *City/ County, State, Country (if not USA)*	**Against Whom** *Self*	*Spouse*
1st	_____/_____/_____		☐	☐
2nd	_____/_____/_____		☐	☐
3rd	_____/_____/_____		☐	☐
4th	_____/_____/_____		☐	☐

Town of SENECA

BRIDE/ GROOM/ SPOUSE #2

PERSONAL INFORMATION

Full Name: _____
First *Middle* *Current Surname*

Birth Name *(if different):* _____ **Surname after marriage:** _____

Sex *(Optional):* _____ **Social Security Number:** _____-_____-_____

Date of Birth: _____/_____/_____ **Age:** _____

Current Residence: _____
Street Address *City* *State* *Zip*

Check One: *City* ☐ *Town* ☐ *Village* ☐ _____
Name of City, Town, or Village

Is residence within limits of a city or incorporated village? *Yes* ☐ *No* ☐

Occupation/ Title: _____ **Industry/ Business:** _____

PARENTS

Father or Parent Name: _____ **Maiden Name** *(if applicable):* _____

Country of Birth: _____

Mother or Parent Name: _____ **Maiden Name** *(if applicable):* _____

Country of Birth: _____

MARRIAGES

Number of this marriage: _____

Number of previous marriages ended by: *Divorce:* _____ *Civil Annulment:* _____ *Death:* _____

Last marriage ended by: *Divorce:* ☐ *Civil Annulment:* ☐ *Death:* ☐

Date Ended: _____/_____/_____ **Are any former spouses alive?** *Yes* ☐ *No* ☐

	Date of Decree *Month/ Day/ Year*	Place Issued *City/ County, State, Country (if not USA)*	Against Whom *Self*	 *Spouse*
1st	_____/_____/_____		☐	☐
2nd	_____/_____/_____		☐	☐
3rd	_____/_____/_____		☐	☐
4th	_____/_____/_____		☐	☐