

Procedures of obtaining a Marriage license

Marriage worksheet (Download from esopus.com found under Government-Clerk- Forms)

\$40 check, Money order or I can send you a Link for Credit card payment but there is a \$2.50 charge to use your MC, Visa or Discover.

Necessary Documents:

Certified Copy of Birth Certificate

Copy of Drivers License/Passport

Filed copies of Divorce papers if applicable

PLEASE SCAN THE DOCUMENTS BACK TO WHOM YOU WERE DEALING WITH

HOLLY hnetter@esopus.com

ERIN erinm@esopus.com

MARIE deputyclerk@esopus.com

OR

you can drop these documents in the Drop Box in front of Town Hall in an envelope marked:

Marriage/Town Clerk – Holly

****MAKE SURE YOUR PHONE NUMBER & EMAIL ADDRESS ARE ON THE ENVELOPE****

Once you have done this please let us know and we will get the documents prepared for you. An appointment will be made to finalize the license.

BRIDE/GROOM/SPOUSE

1. A. CURRENT FIRST NAME _____
 CURRENT MIDDLE NAME _____
 CURRENT SURNAME _____
 B. BIRTH SURNAME, IF DIFFERENT _____
 * CHANGING MIDDLE AND/OR SURNAME UPON MARRIAGE IS OPTIONAL, SEE BACK FOR INFORMATION.
 * C. MIDDLE NAME AFTER MARRIAGE (IF CHANGING) _____
 * D. SURNAME AFTER MARRIAGE (IF CHANGING) _____
 E. SOCIAL SECURITY NUMBER _____

2. RESIDENCE A. _____ B. _____
 (STATE) (COUNTY)
 C. CHECK ONE CITY TOWN VILLAGE
 AND SPECIFY _____
 D. STREET ADDRESS _____ ZIP _____
 E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO
 3. A. AGE _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____
 MM/DD/YYYY
 4. EMPLOYMENT USUAL OCCUPATION _____

5. PLACE OF BIRTH _____
 (CITY, STATE or COUNTRY, IF NOT USA)
 6. FATHER OR PARENT
 A. NAME (ON CURRENT BIRTH CERTIFICATE) _____
 B. COUNTRY OF BIRTH _____
 7. MOTHER OR PARENT
 A. NAME (ON CURRENT BIRTH CERTIFICATE) _____
 B. COUNTRY OF BIRTH _____

8. NUMBER OF THIS MARRIAGE: _____ 9. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY
 DIVORCE: _____ CIVIL ANNULLMENT: _____ DEATH: _____
 9. B. HOW DID LAST MARRIAGE END? DIVORCE (1) ANNULMENT (1) DEATH (2)
 C. DATE LAST MARRIAGE ENDED? _____
 MM/DD/YYYY
 D. ARE ANY FORMER SPOUSE(S) ALIVE? YES NO

10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION
- | DATE OF DECREE
(MONTH, DAY, YEAR) | PLACE ISSUED
(CITY/COUNTY, STATE or COUNTRY, IF NOT USA) | AGAINST WHOM
SELF | SPOUSE |
|--------------------------------------|---|--------------------------|--------------------------|
| 1ST _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2ND _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3RD _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4TH _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

BRIDE/GROOM/SPOUSE

11. A. CURRENT FIRST NAME _____
 CURRENT MIDDLE NAME _____
 CURRENT SURNAME _____
 B. BIRTH SURNAME, IF DIFFERENT _____
 * CHANGING MIDDLE AND/OR SURNAME UPON MARRIAGE IS OPTIONAL, SEE BACK FOR INFORMATION.
 * C. MIDDLE NAME AFTER MARRIAGE (IF CHANGING) _____
 * D. SURNAME AFTER MARRIAGE (IF CHANGING) _____
 E. SOCIAL SECURITY NUMBER _____

12. RESIDENCE A. _____ B. _____
 (STATE) (COUNTY)
 C. CHECK ONE CITY TOWN VILLAGE
 AND SPECIFY _____
 D. STREET ADDRESS _____ ZIP _____
 E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO
 13. A. AGE _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____
 MM/DD/YYYY
 14. EMPLOYMENT USUAL OCCUPATION _____

15. PLACE OF BIRTH _____
 (CITY, STATE or COUNTRY, IF NOT USA)
 16. FATHER OR PARENT
 A. NAME (ON CURRENT BIRTH CERTIFICATE) _____
 B. COUNTRY OF BIRTH _____
 17. MOTHER OR PARENT
 A. NAME (ON CURRENT BIRTH CERTIFICATE) _____
 B. COUNTRY OF BIRTH _____

18. NUMBER OF THIS MARRIAGE: _____ 19. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY
 DIVORCE: _____ CIVIL ANNULLMENT: _____ DEATH: _____
 19. B. HOW DID LAST MARRIAGE END? DIVORCE (1) ANNULMENT (1) DEATH (2)
 C. DATE LAST MARRIAGE ENDED? _____
 MM/DD/YYYY
 D. ARE ANY FORMER SPOUSE(S) ALIVE? YES NO

20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION
- | DATE OF DECREE
(MONTH, DAY, YEAR) | PLACE ISSUED
(CITY/COUNTY, STATE or COUNTRY, IF NOT USA) | AGAINST WHOM
SELF | SPOUSE |
|--------------------------------------|---|--------------------------|--------------------------|
| 1ST _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2ND _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3RD _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4TH _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

ZIP

STATE

CITY/TOWN/VILLAGE

AFFIDAVIT

F AND NUMBER