

APPLICATION FOR MARRIAGE LICENSE IN AMHERST, NY / \$40 PER COUPLE

DATE OF MARRIAGE CEREMONY	
WHO IS YOUR OFFICIANT?	
FIRST NAME:	
MIDDLE NAME:	
MIDDLE NAME AFTER MARRIAGE:	
CURRENT LAST NAME:	
BIRTH NAME: (If Different)	
LAST NAME AFTER MARRIAGE: (If Changing)	
SOCIAL SECURITY#	
CONTACT INFORMATION	
PHONE NUMBER:	
EMAIL ADDRESS:	
STREET ADDRESS:	
CITY / STATE / COUNTY & ZIP CODE:	
AGE	
DATE OF BIRTH:	
PLACE OF BIRTH:	
GENDER (OPTIONAL):	
OCCUPATION	
TYPE OF INDUSTRY OR BUSINESS & TITLE/POSITION:	
ACTIVE MILITARY:	YES _____ NO _____
FAMILY HISTORY	
FATHER'S FULL NAME/BIRTH COUNTRY:	
MOTHER'S FULL MAIDEN NAME/ BIRTH COUNTRY:	
IS THIS IS YOUR FIRST MARRIAGE:	YES _____ NO _____

TOWN OF AMHERST CLERK / VITAL STATISTICS

5583 MAIN STREET / WILLIAMSVILLE, NEW YORK 14221 / (716) 631-7021 / FAX (716) 631-7152 / www.amherst.ny.us

For Office Use Only:

Sent / needs email -
Applications -
Officiant Paperwork -

BCs -
IDs -
DD / DC -

ML \$40 Fee -
Appt. date: _____
Officiant \$25 Fee -

IF YES, SKIP PAGE 2	
IF NO:	FILL OUT PG 2 OF APPLICATION
NUMBER OF PREVIOUS MARRIAGES:	
NUMBER ENDING IN DIVORCE:	
NUMBER ENDING IN DEATH:	
HOW DID LAST MARRIAGE END?	DIVORCE _____ DEATH _____
LAST MARRIAGE ENDED? GRANTED DATE:	
ARE ANY FORMER SPOUSE(S) LIVING:	YES _____ NO _____

PREVIOUS MARRIAGES	
FIRST: DIVORCE / DEATH:	
GRANTED DATE OF DECREE OR DATE SIGNED BY JUDGE:	
DECREE ISSUED IN: CITY / COUNTY / STATE	
DIVORCE AGAINST WHOM?	SELF _____ SPOUSE _____

SECOND: DIVORCE / DEATH:	
GRANTED DATE OF DECREE OR DATE SIGNED BY JUDGE:	
DECREE ISSUED IN: CITY / COUNTY / STATE:	
DIVORCE AGAINST WHOM?	SELF _____ SPOUSE _____