



## TOWN OF CHAUTAUQUA

Community Municipal Building ~ 2 Academy Street ~ Mayville, NY 14757

Phone: (716) 753-7342 ~ Fax: (716) 753-5239

### MARRIAGE LICENSING INFORMATION

- Marriage license must be obtained 24hrs prior to marriage and are valid for 60 days.
- Last Application processed no later than 3:30PM (5:30Thursdays)
- BOTH parties MUST be present.
- \$40.00 payable by Cash/Check

### REQUIREMENTS:

- Photo ID(Driver's License or Passport)
- Birth Certificate(with Raised Seal)
- Previous Marriages-  
Certified copy of Decree of Divorce or Certificate of Dissolution of Marriage for ALL previous Marriages.
- Application(below) completed by each applicant

Please Note: **Incarcerated Marriages** for Chaut. Co Jail **MUST** contact the Town Clerk and Jail Chaplain Directly for requirements and procedures during regular business hours.

Please contact the office with any questions: 716-753-7342 Ext. 10

DATE OF INTENDED MARRIAGE \_\_\_\_\_

APPLICATION FOR MARRIAGE LICENSE

FULL NAME (as now used) \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ S.S.# \_\_\_\_\_

Birth Name (if different) \_\_\_\_\_ Surname AFTER marriage \_\_\_\_\_

Residence: A. State \_\_\_\_\_ B. County \_\_\_\_\_

C. City  Town  Village  of \_\_\_\_\_

D. Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

E. Is residence within limits of city or incorporated village? YES  NO

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City, State/Country (if not USA)

Telephone: \_\_\_\_\_

Occupation \_\_\_\_\_ Type of Business \_\_\_\_\_

Father/Parent: Birth Name \_\_\_\_\_ Country of Birth \_\_\_\_\_

Mother/Parent: Birth Name \_\_\_\_\_ Country of Birth \_\_\_\_\_

Is this your first marriage? YES  NO  Number of this marriage \_\_\_\_\_

Number of previous marriages ended by: Divorce \_\_\_\_\_ Annulment \_\_\_\_\_ Death \_\_\_\_\_

Last marriage ended by: Divorce  Annulment  Death

Date last marriage ended: \_\_\_\_\_ Any former spouses still alive? Y N

***If previously divorced or annulled, provide the following information in chronological order:***

Date of Decree	Place Issued (County & State)	Against Whom <small>(Please Circle)</small>	
1 <sup>st</sup> _____	_____	Self	Spouse
2 <sup>nd</sup> _____	_____	Self	Spouse
3 <sup>rd</sup> _____	_____	Self	Spouse

PLEASE LIST MAILING ADDRESS for mailing of certificate after solemnization occurs:

---