

Town of Manlius  
Town Clerk's Office

Marriage Worksheet  
For office use only

**\*IMPORTANT: It is REQUIRED to make an appointment by calling 315-637-3521 for a Marriage License.**

Carrie Grevelding – Town Clerk

Complete this worksheet PRIOR to appointment.

**Groom/Bride/Spouse**

Full Name (First, Middle, Last) \_\_\_\_\_ Social Security # \_\_\_\_\_

Sex (optional) circle one: M F Middle Name After Marriage (if no change write no change) \_\_\_\_\_

Birth Name (if different) \_\_\_\_\_ Last Name after marriage (if different) \_\_\_\_\_

Address: State \_\_\_\_\_ County \_\_\_\_\_ city \_\_\_\_\_ town \_\_\_\_\_ village \_\_\_\_\_ (check one) Specify \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Age \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation: \_\_\_\_\_ Industry: \_\_\_\_\_

Father (First, Last) \_\_\_\_\_ Country of Birth \_\_\_\_\_

Mother (First, Maiden) \_\_\_\_\_ Country of Birth \_\_\_\_\_

Number of this Marriage \_\_\_\_\_ If this is not your first marriage please supply **any and all original or certified copies of divorce papers with filing date stamp from the county it was filed in, or a death certificate.**

**Groom/Bride/Spouse**

Full Name (First, Middle, Last) \_\_\_\_\_ Social Security # \_\_\_\_\_

Sex (optional) circle one M F Middle Name After Marriage (if no change write no change) \_\_\_\_\_

Birth Name (if different) \_\_\_\_\_ Last Name after marriage (if different) \_\_\_\_\_

Address: State \_\_\_\_\_ County \_\_\_\_\_ city \_\_\_\_\_ town \_\_\_\_\_ village \_\_\_\_\_ (check one) Specify \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Age \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation: \_\_\_\_\_ Industry: \_\_\_\_\_

Father (First, Last) \_\_\_\_\_ Country of Birth \_\_\_\_\_

Mother (First, Maiden) \_\_\_\_\_ Country of Birth \_\_\_\_\_

Number of this Marriage \_\_\_\_\_ If this is not your first marriage, please supply **any and all original or certified copies of divorce papers with filing date stamp from the county it was filed in, or a death certificate.**

**Information if known at this time.**

Date of Marriage \_\_\_\_\_ Ceremony to be performed by \_\_\_\_\_ Phone # \_\_\_\_\_

Place where marriage will be performed \_\_\_\_\_

John T. Deer, Supervisor

Town Board - Sara Bollinger, Katelyn M. Kriesel, William Nicholson, Alissa Italiano, Michael Nesci, Ingrid Gonzalez-McCurdy