TOWN OF HILLSDALE

MARRIAGE LICENSE INFORMATION

Name:							
First	Midd	Middle		Current Surname			
Birth Name, if differ	ent:						
Surname after marri	age, if changing:						
SS #:							
Address:							
Street Address		State	Zip	County			
Phone: Home		Cell					
Date of Birth:	Gender:	Birth Place:					
Usual Occupation:	upation: Type of Industry:						
Father's Name: Country of Birth:							
Mother's Maiden Name: Country of Birth:							
Number of this marriage: _							
If previously married:							
How did previous marria	ge(s) end?						
Date previous marriage(s	s) ended						
If previously divorced or a	nnulled:						
Date of Decree:	Place issued (cit	Place issued (city, state)					
Against Whom: Self	Spouse	_ Spouse					
Date of Decree:	Place issued (city, state)						
Against Whom: Self	Spouse	_ Spouse					
Are any former spouses a	alive?						