

Dina Falcone
Town Clerk

Town of Lysander

Gretchen Starr
Deputy

Bride / Groom / Spouse (circle one *Optional*)

Current First Name _____

Current Middle Name _____

Current Last Name _____

Last Name after marriage _____

Birth Name _____

Social Security # _____

Address _____
(House number, street name, city, town or village, state and zip code)

Phone _____

County _____

City/Town/Village (circle one) Specify _____

Address after Marriage if different:

(House number, street name, city, town or village, state and zip code)

Age _____ DOB ____/____/____

Place of Birth _____

Occupation _____ Industry _____

Father (First Middle Last) _____

Father's Country of Birth _____

Mother (First Middle *Maiden*) _____

Mother's Country of Birth _____

Number of this Marriage _____ **If this is not your first marriage you must supply any and all original or certified copies of divorce decree(s) with filing date stamp and/or a death certificate**

OVER

Bride / Groom / Spouse (circle one *Optional*)

Current First Name _____

Current Middle Name _____

Current Last Name _____

Last Name after marriage _____

Birth Name _____

Social Security # _____

Address _____
(House number, street name, city, town or village, state and zip code)

Phone _____

County _____

City/Town/Village (circle one) Specify _____

Address after Marriage if different:

(House number, street name, city, town or village, state and zip code)

Age _____ DOB ____/____/____

Place of Birth _____

Occupation _____ Industry _____

Father (First Middle Last) _____

Father's Country of Birth _____

Mother (First Middle *Maiden*) _____

Mother's Country of Birth _____

Number of this Marriage _____ **If this is not your first marriage you must supply *any and all original or certified copies of divorce decree(s) with filing date stamp and/or a death certificate***