

# MARRIAGE LICENSE BY APPOINTMENT ONLY



Please email the Town Clerk for a marriage application

[clerk@townofwarwick.org](mailto:clerk@townofwarwick.org)

or call

845-986-1124 ext. 246

**\*You MUST have the following documents:**

**Birth Certificates, Baptismal Certificates or Naturalization Record**

**Driver's Licenses (or Passports)**

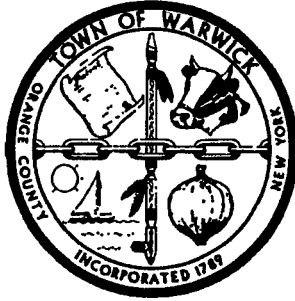
**Documents of ALL prior marriages if applicable**

**Example: Divorce Decrees, Annulment Papers, Death Certificates**

**Both parties MUST appear before the Clerk to sign the Marriage License**

**\*All documents MUST be in English or translated by a Certified Translator\***

# TOWN OF WARWICK



Eileen M. Astorino  
Town Clerk/Registrar  
132 Kings Highway  
Warwick, New York 10990-3152  
Tel: (845) 986-1124, ext. 246  
Fax: (845) 987-1499  
clerk@townofwarwick.org

Carolyn Purta, Deputy Town Clerk/Deputy Registrar  
Melissa Stevens, Deputy Town Clerk  
Tel: (845) 986-1124, ext. 244 or 245  
Fax: (845) 987-1499

## DOCUMENTATION REQUIRED FOR A MARRIAGE LICENSE

**Both Parties need to be present at the same time when applying for a license**

- ALL DOCUMENTS MUST BE **Certified or Original** documents
- We do not accept photocopies of ANY documents
- **NOTARIZED** documents are not certifications and therefore are not acceptable.

PLEASE BRING THE FOLLOWING DOCUMENTS WITH YOU WHEN YOU COME TO APPLY FOR YOUR MARRIAGE LICENSE:

**A. CURRENT FORM OF PICTURE ID (ONE):**

**(EXPIRED IDENTIFICATION IS NOT ACCEPTABLE!)**

1. VALID U.S. DRIVER'S LICENSE
2. VALID U.S. NON-DRIVER IDENTIFICATION CARD
3. VALID PASSPORT

**B. PROOF OF AGE (ONE):**

1. ORIGINAL OR CERTIFIED BIRTH CERTIFICATE.  
(HOSPITAL BIRTH CERTIFICATES ARE NOT ACCEPTABLE)
2. ORIGINAL OR CERTIFIED BAPTISMAL RECORDS  
(MUST CONTAIN DATE OF BIRTH)
3. NATURALIZATION RECORD

**C. PROOF OF DIVORCE, DEATH OR ANNULMENT:**

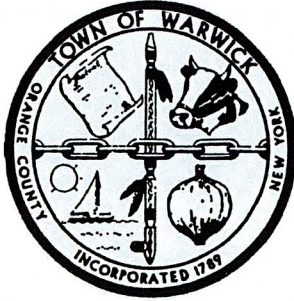
1. CERTIFIED OR ORIGINAL DIVORCE PAPERS FOR EACH DIVORCE  
(PHOTOCOPIES ARE NOT ACCEPTABLE)
2. CERTIFIED OR ORIGINAL ANNULMENT PAPERS FOR EACH ANNULMENT  
(PHOTOCOPIES ARE NOT ACCEPTABLE)
3. CERTIFIED OR ORIGINAL DEATH CERTIFICATE FOR EACH DEATH

**D. \$40.00 CASH OR CHECK MADE PAYABLE TO THE TOWN OF WARWICK**

**\*\*\*\*\*FOREIGN LANGUAGE DOCUMENTS\*\*\*\*\***

Foreign language documents **MUST** have certified English translations, as per New York State Law. Acceptable are those produced by consulates, embassies, universities or an accredited translation agency. The translator **MUST** sign the translation, with the signature notarized by a Notary Public.

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## What do I need for a Marriage License?

Once you have made an appointment you will need to do the following

You will need to:

1. Email copies of the Completed Marriage Application (please print legibly)
2. Email All required documents

**YOU WILL STILL NEED TO BRING ALL ORIGINAL DOCUMENTS OR CERTIFIED TRANSCRIPTS TO YOUR APPOINTMENT**

**NOT your 1<sup>st</sup> Marriage?**

You will need to have documents on how ALL Prior Marriages ended:

1. Death Certificates
2. Divorce Decrees
3. Annulment Papers

***YOUR APPLICATION NEEDS TO BE EMAILED BACK TO THE CLERK  
(MINIMUM OF 2 DAYS BEFORE YOUR SCHEDULED APPOINTMENT)***

**\*Failure to submit application on time will result in cancellation of appointment\***

If you have any questions please call 845-986-1124 or email [clerk@townofwarwick.org](mailto:clerk@townofwarwick.org)

You will BOTH need to be present to sign the Marriage License

The License is good for 60 Days

There is a 24-hour waiting period before you can use the license

**The Fee is \$40.00**

**We accept CASH, CHECK or MONEY ORDERS**

Please make Checks/Money Orders payable to the Town of Warwick





**ALL LEGAL DOCUMENTS  
SUBMITTED FOR A MARRIAGE  
LICENSE MUST BE IN ENGLISH  
OR  
TRANSLATED BY A  
CERTIFIED TRANSLATOR**

**WHAT IS A CERTIFIED TRANSLATION?**

A **certified translation** means that the **translator** or the language service provider (LSP) has issued a signed statement declaring that the **translation** that has been done is an accurate and true representation of the original document. **Certified translations** are normally required when submitting legal documents.

**WE CANNOT ACCEPT A NOTARIZED TRANSLATION**

**Spouse A**

Town of Warwick  
APPLICATION FOR MARRIAGE LICENSE

Anticipated Date of Ceremony: _____
--

1. FULL NAME \_\_\_\_\_  
First Middle Last

BIRTH NAME, if different \_\_\_\_\_  
Certified birth or baptismal record required must contain date of birth

SURNAME AFTER MARRIAGE \_\_\_\_\_

MIDDLE NAME AFTER MARRIAGE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

2. RESIDENCE: Is this residence within limits of City or incorporated Village? \_\_\_\_ YES \_\_\_\_ NO

STREET ADDRESS \_\_\_\_\_

HAMLET/TOWN \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

3. AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

4. PLACE OF BIRTH \_\_\_\_\_  
include city and country if not United States

5. OCCUPATION \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

6. FATHER'S NAME \_\_\_\_\_  
first and last name

FATHER'S COUNTRY OF BIRTH \_\_\_\_\_

7. MOTHER'S MAIDEN NAME \_\_\_\_\_  
first and last name (before Marriage)

MOTHER'S COUNTRY OF BIRTH \_\_\_\_\_

8. HAVE YOU EVER BEEN MARRIED? \_\_\_\_ YES \_\_\_\_ NO Number of prior Marriage(s) \_\_\_\_\_

9. A. PREVIOUS MARRIAGES ENDED BY: (enter number) \_\_\_\_\_  
\_\_\_\_ DIVORCE \_\_\_\_ ANNULMENT \_\_\_\_ DEATH  
 B. ARE FORMER SPOUSE(S) ALIVE? \_\_\_\_ YES \_\_\_\_ NO

10. DIVORCE INFORMATION

Date Filed	County and State Filed	Against Whom (Self/Spouse)
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDRESS TO MAIL MARRIAGE CERTIFICATE  
 Name \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marriage License Fee \$40.00 payable (cash or check) to: Town of Warwick  
 PLEASE NOTE: Please refer to the NYS Domestic Relations Law and the NYS Department of Health website for information on qualified marriage officiants.

**Please review this application carefully as corrections cannot be made by our office once filed with the State.**

Spouse B

Town of Warwick  
APPLICATION FOR MARRIAGE LICENSE

1. FULL NAME \_\_\_\_\_  
First Middle Last

BIRTH NAME, if different \_\_\_\_\_  
Certified birth or baptismal record required must contain date of birth

SURNAME AFTER MARRIAGE \_\_\_\_\_

MIDDLE NAME AFTER MARRIAGE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. RESIDENCE: Is this residence within limits of City or incorporated Village? \_\_\_\_ YES \_\_\_\_ NO

STREET ADDRESS \_\_\_\_\_

HAMLET/TOWN \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

3. AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

4. PLACE OF BIRTH \_\_\_\_\_  
include city and country if not United States

5. OCCUPATION \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

6. FATHER'S NAME \_\_\_\_\_  
first and last name

FATHER'S COUNTRY OF BIRTH \_\_\_\_\_

7. MOTHER'S MAIDEN NAME \_\_\_\_\_  
first and last name (before Marriage)

MOTHER'S COUNTRY OF BIRTH \_\_\_\_\_

8. HAVE YOU EVER BEEN MARRIED? \_\_\_\_ YES \_\_\_\_ NO Number of prior Marriage(s) \_\_\_\_\_

9. A. PREVIOUS MARRIAGES ENDED BY: (enter number) B. ARE FORMER SPOUSE(S) ALIVE?  
\_\_\_\_ DIVORCE \_\_\_\_ ANNULMENT \_\_\_\_ DEATH \_\_\_\_ YES \_\_\_\_ NO

10. DIVORCE INFORMATION  
Date Filed County and State Filed Against Whom (Self/Spouse)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS TO MAIL MARRIAGE CERTIFICATE  
Name \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marriage License Fee \$40.00 payable (cash or check) to: Town of Warwick  
PLEASE NOTE: Please refer to the NYS Domestic Relations Law and the NYS Department of Health website for information on qualified marriage officiants.

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## MARRIAGE CEREMONY

**IF YOU ARE PLANNING A CIVIL MARRIAGE CEREMONY IT MAY BE PERFORMED BY ANY OF THE FOLLOWING INDIVIDUALS IN THE TOWN OF WARWICK:**

TOWN JUSTICE	KAREN AMUNDSON	kamundson@nycourts.gov
TOWN JUSTICE	PETER BARLET	845-986-1988
VILLAGE JUSTICE (Warwick)	JEANINE WADESON	845-986-2031
MAYOR (Florida)	DANIEL HARTER, JR	845-651-7815
MARRIAGE OFFICER	JESSE DWYER	845-986-1120
MAYOR (Warwick & Town)	MICHAEL NEWHARD	845-986-2031
MARRIAGE OFFICER	JAMES GERSTNER	845-234-6965 (CELL)
MARRIAGE OFFICER	JOHN JOHANSEN	201-280-4484
MARRIAGE OFFICER	ARIANA DALTON	845-551-9429
MARRIAGE OFFICER(Greenwood Lake)	KELLI KELM	845-477-9215

**JUSTICES, MAYORS AND MARRIAGE OFFICERS  
MAY ACCEPT A GRATUITOUS GIFT UP TO \$75.00**

**NOTE: MAYORS AND MARRIAGE OFFICERS CAN ONLY PERFORM CIVIL MARRIAGE  
CEREMONIES WITHIN THEIR JURISDICTION**



**TOWN OF WARWICK**  
**APPLICATION FOR ONE-DAY MARRIAGE OFFICIENT LICENSE**



**Applicant Name:** \_\_\_\_\_ Telephone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

Proof of Identity presented \_\_\_\_\_ **(please include copy of driver's license)**

**Persons to be married** (as appears on the marriage license)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Marriage Ceremony: \_\_\_\_\_

Location of Marriage Ceremony: \_\_\_\_\_

**I DULY SWEAR/AFFIRM that the information provided above is true and accurate.**

**Applicants Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Sworn before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_.

\_\_\_\_\_  
(SEAL)

**NOTARY PUBLIC**

License granted this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
**Town Clerk/Deputy Town Clerk**

**Note:** This license is valid only for the parties to be married as described above and shall expire after the marriage ceremony or the expiration of the marriage license, whichever occurs first.

**There is a \$25 fee due at time of request. Please make checks payable to: Town of Warwick**  
**132 Kings Highway, Warwick, NY 10990**