

# **Sample Documents to Prove Citizenship, Immigration Status, and Identity on the Marketplace**

[Community Health Association of Mountain/Plains States \(CHAMPS\)](#)

Created July 2015

[Documents Accepted for Proving U.S. Citizenship](#)

[Documents Accepted for Proving Immigration Status](#)

[Documents Accepted for Proving Identity](#)



**Certificate of Citizenship (N-560/N-561)**

THE UNITED STATES OF AMERICA

No. A5000042

U.S. Citizenship and Immigration Services

USCIS Registration No. A40000000

Personal description of holder as of date of issuance of this certificate: Sex: **MALE** Date of birth: **NOVEMBER 16, 1983**  
 Height: **5 feet 10 inches** Marital status: **SINGLE** Country of birth: **CHINA, PEOPLE'S REPUBLIC OF**

I verify that the description above given is true, and that the photograph affixed hereto is a likeness of me.

**SAMPLE**  
(Signature and name of holder)

*I do know that:*  
**JOHN JOSHUA GRAY**  
 now residing at: **WASHINGTON, DISTRICT OF COLUMBIA**  
 having applied to the Secretary of U.S. Citizenship and Immigration Services for a certificate of citizenship pursuant to Section 311 of the Immigration and Nationality Act, having presented the registration of the Director that he is now a citizen of the United States, and he is now a citizen thereof on **FEBRUARY 2, 2002**  
 and it now is the Month of **FEBRUARY**

*I do know that, pursuant to an application filed with the Secretary of Homeland Security*  
 such person is admitted as a citizen of the United States of America.

**SAMPLE**  
U.S. Citizenship and Immigration Services

**Certificate of Naturalization (N-550/N-570)**

THE UNITED STATES OF AMERICA

No. 50000000

U.S. Citizenship and Immigration Services

USCIS Registration No. A99999999999999

Personal description of holder as of date of naturalization:  
 Date of birth: **JANUARY 28, 0000**  
 Sex: **MALE**  
 Height: **5 feet 9 inches**  
 Marital status: **MARRIED**  
 Country of former nationality: **FORMER NATIONALITY COUNTRY**

I verify that the description given is true, and that the photograph affixed hereto is a likeness of me.

**New Citizen Signature Here**  
(Signature and name of holder)



*I do know that, pursuant to an application filed with the Secretary of Homeland Security*  
 at: **USCIS FIELD OFFICE CITY NAME, STATE NAME**



*The Secretary having found that:*  
**NEW CITIZEN NAME - EPSON B-3100N - NEW ASC PHOTO**  
 residing at:  
**Mytown, State**  
 having complied in all respects with all of the applicable provisions of the naturalization laws of the United States, being entitled to be admitted as a citizen of the United States, and having taken the oath of allegiance at a ceremony conducted by  
**U.S. CITIZENSHIP AND IMMIGRATION SERVICES**  
 at: **CEREMONY CITY, STATE** on: **JULY 28, 0000**

*such person is admitted as a citizen of the United States of America.*

**\*\* TEST CERTIFICATE \*\***  
U.S. Citizenship and Immigration Services

**Tribal Enrollment/Identification Card**

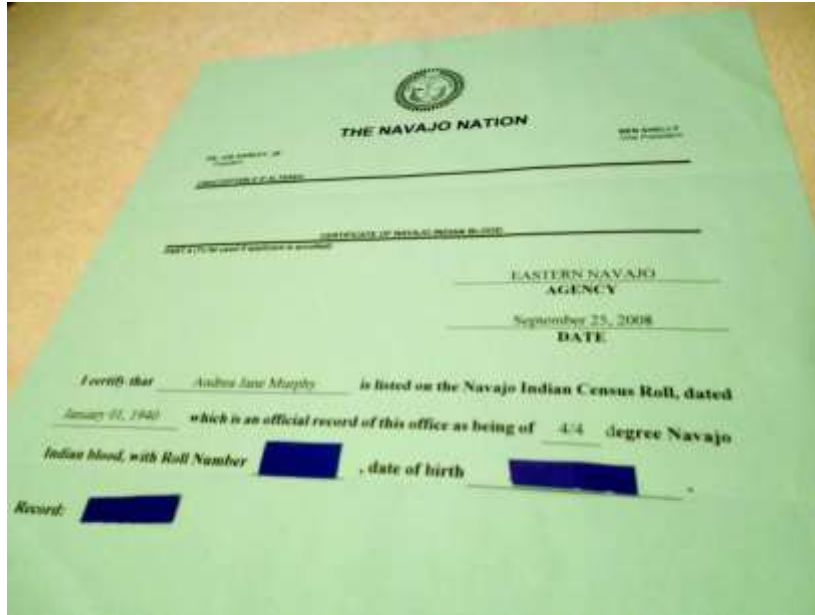
<b>THE BLACKFEET NATION</b> ENROLLED MEMBER OF THE BLACKFEET TRIBE BROWNING, MONTANA		<b>Crow Tribal Membership Identification</b> ISSUED: 11/30/2007      EXPIRES: 11/30/2011	
ENROLLMENT NUMBER: 201-U00000 DOB: 00/00/00 EYES: BROWN    WT: 000    HT: 0'00" CHAIRMAN OF THE BLACKFEET TRIBE P.O. BOX 000 BROWNING, MT 59417 ISSUED: 09/05/2012 EXPIRES: 09/05/2012	 JANE DOE SOME WHERE MONTANA, USA 00000 ENROLLMENT NUMBER: 202U202U0000 BLOOD DEGREE: 4/4 FAMILY #: 000000    BIRTHDATE: 00/00/0000 COLOR OF EYES: BLACK SEX: F    HEIGHT: 0'0"    WEIGHT: 000    COLOR OF HAIR: BLACK		

<b>Confederated Salish and Kootenai Tribes</b> This certifies that <b>Iwana Harley String</b> IS AN ENROLLED MEMBER OF THE FLATHEAD RESERVATION		 <b>Fort Belknap Indian Reservation</b>	
Enrollment # 444444    SSN 153-46-6795    Date of Birth 8/3/1987 CSKT Blood Degree 4/4 Signature: <i>Iwana Harley String</i> Issue Date: July 31, 2007		Member Name: [Redacted] Tribe: Assiniboine DIB: 1/8 ID #: 204U000123 SSN: 911-08-5555	Member Signature: [Redacted]

This is To Certify That <b>John A. Doe</b> Is An Enrolled Member Of The Federally Recognized <b>Assiniboine and Sioux Tribes</b> Poplar, Montana PO Box 00 Any Town, MT 00000			
Hair: Brown    Eyes: Brown    Height: 6'0"    Weight: 195 SS Number: 000-00-0000    Birthdate: 01/01/1901		<b>NORTHERN CHEYENNE TRIBE</b> LAME DEER, MONTANA 59043 -WOREHEV- THE MORNING STAR John Doe P.O. BOX XX Lame Deer, Montana 59043 1/3/1950    999-99-9999 male    BRN 170    6'    BLK 12/18/2015	

<b>Chippewa Cree Tribe</b> RR1 Box 544 Box Elder, MT 59521 Issued: 12/17/2007 Expires: 12/31/2010 Certificate of Degree of Indian Blood Enrollment Card		<b>Little Shell Chippewa Identification Card</b> P.O. Box 543 Black Eagle, Montana 59414 404.315.2400 www.littleshelltribe.us	
Member Photo: [Redacted] Signature: <i>John Josepa Doe</i> Tribal Chairman	John Josepa Doe CDIB 205-U20000    SSN: 123-45-6789 DOB: 05/02/1900 Sex F    BQ: 1/2 	PHOTO: [Redacted] ENROLLMENT#0000LS-0000 FIRST MAIDEN LAST NAME STREET PO-BOX CITY STATE ZIP BD: CHIPPEWA 00 OTHER 010 DOB 00/00/0000 SEX EYES    HT:00'    WT 000 Chairman: <i>John Josepa Doe</i>	

**Certificate Degree of Indian Blood**



**Not Pictured:**

- Tribal Census Document
- Documents on Tribal letterhead signed by a Tribal official



Consular Report of Birth Abroad (FS-240, CRBA)

UNITED STATES OF AMERICA  
DEPARTMENT OF STATE

Consular Report of Birth Abroad  
of a Citizen of the United States of America

This is to certify that NOVA RASMUSSEN (Name) SPAIN (Country) sex FEMALE  
born at SPAIN (Country)  
on JUNE 02, 2009 (Date) acquired United States citizenship at birth as established by documentary evidence presented  
to the Consular Service of the United States at MADRID, SPAIN (City)  
on JUNE 02, 2009 (Date)

Father NOVA RASMUSSEN PARENTS Mother NOVA RASMUSSEN  
Date of Birth NOVA 01 1977 Date of Birth NOVA 01 1977

(SEAL)  
CONSUL (Signature)  
MADRID, SPAIN (City)  
JUNE 02, 2009 (Date)

FORM FS-240 A Consular Report of Birth is proof of United States citizenship by law; 22 USC 2706

Certification of Report of Birth (DS-1350)

UNITED STATES OF AMERICA  
DEPARTMENT OF STATE

159- 1018159

Certification of Report of Birth  
of a United States Citizen

This is to certify that the birth of IMA SAMPLE (Name) sex FEMALE  
born at DESOLATION (City) MONGOLIA (Country)  
on APRIL 1, 1996 (Date) was registered with the Consular Service of the United States and a  
Consular Report of Birth was issued at BISHKEK, KYRGYZSTAN (City)  
on SEPTEMBER 10, 1996 (Date)

Father DADDY SAMPLE PARENTS Mother MOMMY SAMPLE  
Date of Birth APRIL 1, 1970 Date of Birth APRIL 1, 1975

CONDOLIEZZA RICE  
(Signature)  
Secretary of State  
Authentication Officer, Washington, D.C.  
OCTOBER 27, 2005  
(Date)

FORM DS-1350 WARNING: This certificate is not valid if it has been altered in any way whatsoever or if it does not bear the raised seal of the office of issuance.

**Certification of Birth Abroad (FS-545)**

DEPARTMENT OF STATE  
FOREIGN SERVICE OF THE UNITED STATES OF AMERICA

**Certification of Birth Abroad**  
of a Citizen of the United States of America

*This is to certify that according to records on file in this Office*

JOSEPH WILLIAMS ROSE

Sex MALE was born at US NAVAL HOSPITAL, OKINAWA, JAPAN  
on AUGUST 15, 1990 Report of birth recorded on SEPTEMBER 14, 1990

*In Witness Whereof, I have hereunto subscribed my name and affixed the seal of the Consular Service of the United States of America at* NAHA, JAPAN  
this 14TH day of SEPTEMBER 1990

(SEAL) \_\_\_\_\_  
CONSUL of the United States of America

WARNING: This certificate is not valid if it has been altered in any way whatsoever or if it does not bear the raised seal of the office of issuance.

Form FS-545  
1-73

16-0000-3 GPO

**U.S. Citizen Identification Card (I-197 or I-179)**

Form I-197 (Rev. 8-1-61)  
UNITED STATES  
DEPARTMENT OF JUSTICE  
IMMIGRATION AND  
NATURALIZATION SERVICE  
U.S. CITIZEN  
IDENTIFICATION CARD  
No. **121415**

PHOTOGRAPH

SAMPLE

THIS CARD MAY BE REVOKED AT ANY TIME. IT IS ISSUED FOR THE SOLE PURPOSE OF IDENTIFYING THE HOLDER TO A U.S. IMMIGRATION OFFICER AT A PORT OF ENTRY.

\_\_\_\_\_  
SIGNATURE OF HOLDER

14-69417-3 GPO



**Final adoption decree showing the person's name and U.S. place of birth**

MONTANA [DISTRICT NUMBER] JUDICIAL DISTRICT COURT,  
[COUNTY NAME] COUNTY

IN THE MATTER OF THE ADOPTION ) Cause No.  
OF [NAME OF MINOR CHILD], )  
 )  
A minor child, ) **DECREE OF**  
 ) **STEPARENT ADOPTION**  
by )  
[NAME OF PETITIONER], )  
 )  
Petitioner, )

THE ABOVE ADOPTION CAME BEFORE this Court on \_\_\_\_\_ 20\_\_\_\_(date).  
Petitioner appeared with (his/her) attorney, \_\_\_\_\_ (attorney's name), [NAME OF  
NATURAL MOTHER/FATHER], the natural parent, and [NAME OF MINOR CHILD] also  
appeared.

*FINDINGS OF FACT*

1. Petitioner [NAME OF PETITIONER] is married to [NAME OF NATURAL  
MOTHER/FATHER], the natural parent of [NAME OF MINOR CHILD], and the parties reside  
together as a family in [CITY], MT, and have so resided for the 60 days preceding the filing of

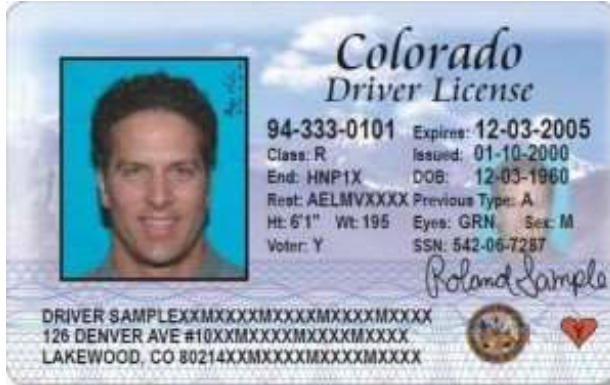
Decree of Stepparent Adoption

**Not pictured:**

- Northern Mariana Card (I-873)
- U.S. Civil Service Employment Record showing employment before June 1, 1976
- Military record showing a U.S. place of birth
- U.S. medical record from a clinic, hospital, physician, midwife or institution showing a U.S. place of birth
- U.S. life, health or other insurance record showing U.S. place of birth
- Religious record showing U.S. place of birth recorded in the U.S.
- School record showing the child's name and U.S. place of birth
- Federal or State census record showing U.S. citizenship or U.S. place of birth
- Documentation of a foreign-born adopted child who received automatic U.S. citizenship (IR3 or IH3)

**AND any one of these documents (must have a photograph or other information like name, age, race, weight, height, etc.):**

**Driver's License or ID Card**

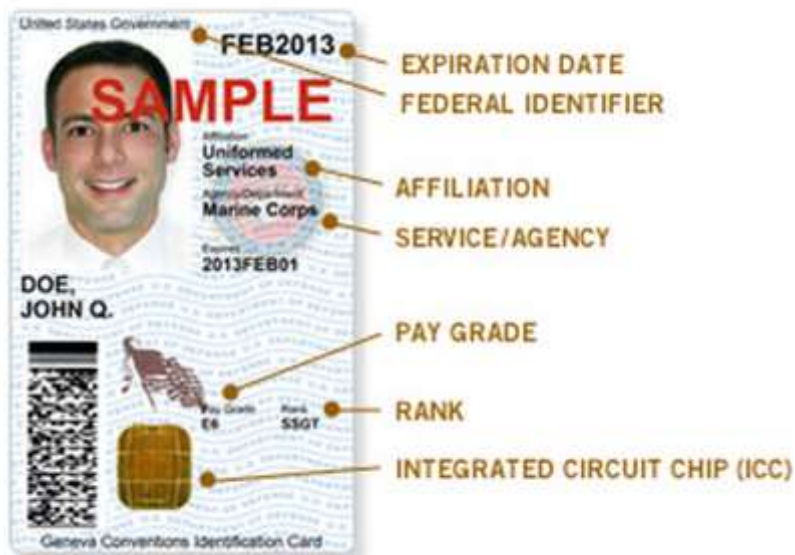


School Identification Card



U.S. military card or draft record or Military dependent's identification card

U.S. Military Card:









**Permanent Resident Card ("Green Card") (I-551)**

Consumers need to enter their alien number (also called alien registration or USCIS number) and card number (also called receipt number) from the document. If an alien number isn't available, consumers may select "Other" as the document type and provide a description of the document.



**CARD NUMBER**  
(MAY BE LOCATED ON THE FRONT)





## Foreign Passport

Consumers need to enter their passport number, expiration date, and country of issuance from this document.



## Arrival/Departure Record (I-94/I-94A)

Consumers need to enter their I-94 number from this document.



### Certificate of Eligibility for Nonimmigrant Student Status (I-20)

Consumers need to enter their Student & Exchange Visitor Information System (SEVIS) ID from this document.

DEPARTMENT OF HOMELAND SECURITY  
**CERTIFICATE OF ELIGIBILITY FOR NONIMMIGRANT (F-1) STUDENT STATUS - FOR ACADEMIC AND LANGUAGE STUDENTS**

Page 1  
 OMD 910, 1413-0808  
 Expires 02/28/2011

Please read instructions on Page 2  
 This page must be completed and signed by a designated school official.

**1. Family Name (surname):** \_\_\_\_\_ **SEVIS ID** \_\_\_\_\_

**2. School (School District) name:** \_\_\_\_\_

**3. This certificate is issued to the student named above for:** \_\_\_\_\_

**4. Level of education the student is pursuing or will pursue in the United States:** \_\_\_\_\_

**5. The student named above has been accepted for a full course of study in the school, majoring in \_\_\_\_\_.**  
 The student is expected to report to the school no later than \_\_\_\_\_ and complete studies not later than \_\_\_\_\_.

**6. English proficiency:** \_\_\_\_\_

**7. This school certifies the student's average monthly income is in the amount of \_\_\_\_\_ (up to 12) months as for:**

a. Tuition and fees	\$ _____
b. Living expenses	\$ _____
c. In person of dependent(s)	\$ _____
d. Other (specify):	\$ _____
<b>Total</b>	\$ _____

**8. This school has information showing the following in the student's annual statement of support, calculated for six months (or term of study):**

a. Student's personal funds	\$ _____
b. Funds from this school	\$ _____
c. Funds from another source	\$ _____
Specify type:	_____
d. Overseas employment	\$ _____
<b>Total</b>	\$ _____

**9. Remarks:** \_\_\_\_\_

**10. School Certification:** I certify under penalty of perjury that all information provided above in items 1 through 9 was completed in full. I signed this form and in that act certify that I executed this form in the United States after review and validation in the United States by me or other officials of the school of the student's application, transcripts, or other records of academic achievement and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.

**11. Student Certification:** I have read and signed to comply with the terms and conditions of my admission and those of my intention of stay as specified on page 2. I certify that all information provided on this form is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information from any records which is needed by DHS personnel in 8 CFR 214.2(f)(6) to determine my nonimmigrant status.

**12. Signature of School Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**13. Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**14. Signature of Parent or Guardian:** \_\_\_\_\_ **Address (city):** \_\_\_\_\_ **(State or Province) (if country):** \_\_\_\_\_ **(Date):** \_\_\_\_\_

OMB Form I-20-A-R (09/10) **SEVIS ID** \_\_\_\_\_

### Certificate of Eligibility for Exchange Visitor Status (DS-2019)

Consumers need to enter their Student & Exchange Visitor Information System (SEVIS) ID from this document.

U.S. Department of State  
**CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS**

OMB APPROVAL NO. 1480-0119  
 EXPIRES: 02-28-2005  
 ESTIMATED BURDEN TIME: 45 min  
 \*See Page 2

<b>1. Family Name:</b> Wang	<b>First Name:</b> David	<b>Middle Name:</b>	<b>Gender:</b> MALE	<b>SEVIS ID</b> N0001234567
<b>Date of Birth (mm/dd/yyyy):</b> 04/01/1970	<b>City of Birth:</b> Taipei	<b>Country of Birth:</b> TAIWAN	<b>Citizenship Country Code:</b> TW	<b>Citizenship Country:</b> TAIWAN
<b>Legal Permanent Residence Country Code:</b> TW	<b>Legal Permanent Residence Country:</b> TAIWAN	<b>Position Code:</b> 213	<b>Position:</b> UNIVERSITY TEACHING STAFF INCI	
<b>U.S. Address:</b> College of Engineering 3111 Washington BLVD. New York, NY 12345				
<b>2. Program Sponsor:</b> Happy University				<b>Exchange Visitor Program Code:</b> F-1

**SEVIS ID** \_\_\_\_\_

### Employment Authorization Card (I-766)

Consumers need to enter their alien registration number (USCIS number), card number, expiration date, and category code from this document.

The image displays three Employment Authorization Cards (I-766) issued by the U.S. Department of Homeland Security, U.S. Citizenship and Immigration Services. Red arrows point from labels on the right to specific fields on the cards:

- ALIEN REGISTRATION NUMBER:** Points to the USCIS number (A#) on the first card.
- CARD NUMBER:** Points to the Card # (WAC) on the first card.
- CATEGORY CODE:** Points to the Category code (A5) on the first card.
- EXPIRATION DATE:** Points to the Expiration date (01/01/50) on the first card.

**Card 1 (Top):** Issued to Joe W. Cristobal. A# 000-000-002, Card # WAC0000000002, Birthdate 01/01/50, Category A5, Sex M. Valid from 01/01/50 to 01/01/50.

**Card 2 (Middle):** Issued to Tessa V. Speciale. A# 750-097-303, Card # LIN1044750079, Birthdate 06/16/80, Category C09, Sex F. Valid from 04/01/00 to 04/02/10.

**Card 3 (Bottom):** Issued to Specimen Test V. A# 000-000-773, Card # SRC0000000773, Birthdate 01 JAN 1920, Category C09, Sex M. Valid from 01/01/80 to 05/10/11.

**Notice of Action (I-767)**

Consumers need to enter their alien registration number (USCIS number) or I-94 number from this document.

Department of Homeland Security  
U.S. Citizenship and Immigration Services

I-797A, Notice of Action

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**THE UNITED STATES OF AMERICA**

RECEIPT NUMBER IIR-00-000-000000		CASE NO. 2539 APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
RECEIVED May 12, 2006	SUBMITTED SAMPLE SAMPLE	APPROVED SAMPLE SAMPLE
WORKSHEET July 24, 2006	PAGE 1 of 1	WORKSHEET SAMPLE SAMPLE
NAME SAMPLE SAMPLE 1234 MAIN ST ANYTOWN, ANY STATE, 00000		Notice Type: Approval Notice Class: B2 Valid from 05/29/2006 to 11/29/2006

The above application for extension of temporary stay is approved. The temporary stay of the named applicant is subject to the date indicated above. An updated Form I-94 is enclosed.

If the applicant has an unadmitted immigration status, this notice has also been mailed to the representative.

Please read the back of this form carefully for more information.

THIS FORM IS NOT A VALID VISAS AND IS TO BE USED IN PLACE OF A VISA.

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Please see the additional information on the back. You will be notified separately about any other cases you filed.

HERRANDA SERVICE CENTER  
U. S. CITIZENSHIP & NAT'L. SERVICE  
P.O. BOX 82522  
LINCOLN NE 68502-2522  
Customer Service Telephone: 800-375-5203  
Form I-797A Rev. 09/07/05



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Detach This Half for Personal Records

Receipt # IIR-00-000-000000 <b>I-94# 00000000 00</b> NAME SAMPLE SAMPLE CLASS B2 VALID FROM 05/29/2006 UNTIL 11/29/2006 PETITIONER: SAMPLE SAMPLE 1234 MAIN ST ANYTOWN, ANY STATE, 00000	0000000000 00 Receipt Number IIR-00-000-000000 Immigration and Naturalization Service I-94 Departure Record      Petitioner: I. Family Name SAMPLE II. First Name SAMPLE III. Last Name SAMPLE IV. Date of Birth 10/18/1977
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Form I-797A (Rev. 09/07/05) N

**I-94 NUMBER** →

**Not Pictured:**

- Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
- Document indicating withholding of removal (or withholding of deportation)
- Administrative order staying removal issued by the U.S. Department of Homeland Security (DHS)
- Document indicating a member of a federally-recognized Indian tribe or American Indian born in Canada
- Office of Refugee Resettlement (ORR) eligibility letter (if under 18)
- Resident of American Samoa Card

## Documents Accepted for Proving Identity

- [Driver's License or ID Card issued by state or territory](#)
- [School identification card](#)
- [Voter registration card](#)
- Identification card used by the federal, state, or local government
- [U.S. Passport](#)
- [Certificate of Naturalization](#) (form N-550 or N-570) or [Certificate of U.S. Citizenship](#) (Form N-560 or N-561)
- [Permanent Resident Card or Alien Registration Receipt Card](#) (Form I-551)
- [Employment Authorization Document that contains a photograph](#) (Form I-766)
- [Military dependent's identification card](#)
- [Native American tribal document](#)
- [U.S. Coast Guard Merchant Mariner card](#)
- [Foreign passport, or identification card issued by a foreign embassy or consulate that contains a photograph](#)

If you can't provide a copy of one of the documents above, you can submit copies of two of the following documents to the Marketplace:

[Birth certificate](#)

*Social Security Card*



## Marriage Certificate

COUNTY \_\_\_\_\_

CITY/TOWN \_\_\_\_\_

DISTRICT NUMBER \_\_\_\_\_

REGISTER NUMBER \_\_\_\_\_

### STATE OF NEW YORK

DEPARTMENT OF HEALTH

## AFFIDAVIT, LICENSE and CERTIFICATE OF MARRIAGE

**STATE FILE NUMBER**  
(THIS SPACE FOR STATE USE ONLY)

\_\_\_\_\_

SUPPLEMENTAL FILE

BRIDE/GROOM/SPOUSE

1. A. FULL NAME  
 FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ CURRENT SURNAME \_\_\_\_\_  
 B. BIRTH NAME, IF DIFFERENT \_\_\_\_\_  
 C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE) \_\_\_\_\_  
 D. SOCIAL SECURITY NUMBER \_\_\_\_\_

2. RESIDENCE A. \_\_\_\_\_ B. \_\_\_\_\_ (COUNTY)  
 C. CHECK ONE (STATE) CITY  TOWN  VILLAGE   
 AND SPECIFY \_\_\_\_\_  
 D. STREET ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
 E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES  NO

3. A. AGE \_\_\_\_\_ B. DATE OF BIRTH \_\_\_\_\_ C. SEX (OPTIONAL) \_\_\_\_\_  
 MMDD/YYYY

4. EMPLOYMENT  
 A. USUAL OCCUPATION \_\_\_\_\_  
 B. TYPE OF INDUSTRY OR BUSINESS \_\_\_\_\_

5. PLACE OF BIRTH \_\_\_\_\_ (CITY, STATE / COUNTRY, IF NOT USA)

6. FATHER OR PARENT  
 A. NAME (OR MAIDEN NAME, IF APPLICABLE) \_\_\_\_\_  
 B. COUNTRY OF BIRTH \_\_\_\_\_

7. MOTHER OR PARENT  
 A. NAME (OR MAIDEN NAME, IF APPLICABLE) \_\_\_\_\_  
 B. COUNTRY OF BIRTH \_\_\_\_\_

8. NUMBER OF THIS MARRIAGE \_\_\_\_\_

9. PREVIOUS MARRIAGES  
 A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY  
 DIVORCE: \_\_\_\_\_ CIVIL ANNULMENT: \_\_\_\_\_ DEATH: \_\_\_\_\_  
 B. HOW DID LAST MARRIAGE END? DIVORCE  (d) ANNULMENT  (a) DEATH  (e)  
 C. DATE LAST MARRIAGE ENDED? \_\_\_\_\_  
 MMDD/YYYY  
 D. ARE ANY FORMER SPOUSE(S) ALIVE? YES  NO

10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION  
 DATE OF DECREE \_\_\_\_\_ PLACE ISSUED \_\_\_\_\_ AGAINST WHOM  
 (MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE  
 1ST \_\_\_\_\_    
 2ND \_\_\_\_\_    
 3RD \_\_\_\_\_    
 4TH \_\_\_\_\_

21. SIGNATURE ▶ \_\_\_\_\_  
 USE CURRENT NAME

23. SUBSCRIBED AND SWORN TO/AFFIRMED BEFORE ME  
 SIGNATURE OF TOWN OR CITY CLERK ▶ \_\_\_\_\_

BRIDE/GROOM/SPOUSE

11. A. FULL NAME  
 FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ CURRENT SURNAME \_\_\_\_\_  
 B. BIRTH NAME, IF DIFFERENT \_\_\_\_\_  
 C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE) \_\_\_\_\_  
 D. SOCIAL SECURITY NUMBER \_\_\_\_\_

12. RESIDENCE A. \_\_\_\_\_ B. \_\_\_\_\_ (COUNTY)  
 C. CHECK ONE (STATE) CITY  TOWN  VILLAGE   
 AND SPECIFY \_\_\_\_\_  
 D. STREET ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
 E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES  NO

13. A. AGE \_\_\_\_\_ B. DATE OF BIRTH \_\_\_\_\_ C. SEX (OPTIONAL) \_\_\_\_\_  
 MMDD/YYYY

14. EMPLOYMENT  
 A. USUAL OCCUPATION \_\_\_\_\_  
 B. TYPE OF INDUSTRY OR BUSINESS \_\_\_\_\_

15. PLACE OF BIRTH \_\_\_\_\_ (CITY, STATE / COUNTRY, IF NOT USA)

16. FATHER OR PARENT  
 A. NAME (OR MAIDEN NAME, IF APPLICABLE) \_\_\_\_\_  
 B. COUNTRY OF BIRTH \_\_\_\_\_

17. MOTHER OR PARENT  
 A. NAME (OR MAIDEN NAME, IF APPLICABLE) \_\_\_\_\_  
 B. COUNTRY OF BIRTH \_\_\_\_\_

18. NUMBER OF THIS MARRIAGE \_\_\_\_\_

19. PREVIOUS MARRIAGES  
 A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY  
 DIVORCE: \_\_\_\_\_ CIVIL ANNULMENT: \_\_\_\_\_ DEATH: \_\_\_\_\_  
 B. HOW DID LAST MARRIAGE END? DIVORCE  (d) ANNULMENT  (a) DEATH  (e)  
 C. DATE LAST MARRIAGE ENDED? \_\_\_\_\_  
 MMDD/YYYY  
 D. ARE ANY FORMER SPOUSE(S) ALIVE? YES  NO

20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION  
 DATE OF DECREE \_\_\_\_\_ PLACE ISSUED \_\_\_\_\_ AGAINST WHOM  
 (MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE  
 1ST \_\_\_\_\_    
 2ND \_\_\_\_\_    
 3RD \_\_\_\_\_    
 4TH \_\_\_\_\_

22. SIGNATURE ▶ \_\_\_\_\_  
 USE CURRENT NAME

DATE \_\_\_\_\_

I duly swear/affirm, depose and say, that to the best of my knowledge and belief that the information I provided is true and that I declare that no legal impediment exists as to my right to enter into the marriage state.

AFFIDAVIT

CITY / TOWN / VILLAGE

STATE

ZIP

STREET AND NUMBER

AFFIDAVIT

CITY / TOWN / VILLAGE

STATE

ZIP

STREET AND NUMBER

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT

**Not Pictured:**

- Divorce decree
- Employer identification card
- High school or college diploma
- Property deed or title