D.R.L. § 15 Misc. Form 1

 (Petition for Judicial Approval of Issuance of Marriage License)

 8/2017

FAMILY COURT OF THE STATE OF NEW YORK

COUNTY OF

…………………………………………………………………….

In the Matter of the Application of Docket No.

 PETITION FOR JUDICIAL

A Person 17 years of Age APPROVAL OF ISSUANCE OF

for Judicial Approval for Issuance of Marriage MARRIAGE LICENSE

License

……………………………………………………………………..

TO THE FAMILY COURT:

 The undersigned Petitioner respectfully states, upon information and belief, that:

 1. I, [specify name]: , am 17 years of age. I was born on [specify date of birth]:

 2. I reside at [specify address unless ordered confidential under Family Court Act §154-b]:

 3. [Check applicable box]: My □ parents □ legal guardians are:

 NAME ADDRESS (unless ordered confidential under Family Court Act §154-b)

 4. a. I am seeking to apply to the Clerk of [specify city or town]:

in the county of [specify]:

for a license to marry [specify name of prospective spouse]:

 b. The person I wish to marry is [specify age]: years of age and was born on [specify date of birth]:

 c. [Applicable if prospective spouse is 17 years of age; check box if applicable] □: The person I would like to marry:

 □ has applied for approval of a marriage to me from [check applicable box]:

 □ this Court □ another Court [specify]:

 □ would like to join me in asking this Court to approve our marriage.

d. The person I wish to marry resides at [specify address unless ordered confidential under Family Court Act §154-b]:

e. The person I wish to marry is: □ employed as:

 □ a student at:

 □ other:

5. I am entering this marriage of my own free will.

6. I have not been forced or threatened, nor have I been subjected to fraud, coercion or duress to enter this marriage.

7. This marriage will not endanger my mental, emotional or physical safety.

8. This marriage is in my best interest and welfare because [specify]:

9. a. I have no mental or physical disability,

 [check box if applicable]: □ except [specify]:

 b. I am not aware that the person I would like to marry has any mental or physical disability, [check box if applicable]: □ except [specify]:

10. No previous application has been made to any court or judge for approval of this application for a marriage license, [check box if applicable]: □ except [specify]:

WHEREFORE, I respectfully request an order approving the issuance of a license for me to marry as provided by Section 15 of the Domestic Relations Law.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Petitioner

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print or type name

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Attorney, if any

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attorney’s Name (Print or Type)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attorney’s Address and Telephone Number

 VERIFICATION

STATE OF NEW YORK )

COUNTY OF ) ss.:

 , being duly sworn, says that he or she is the Petitioner in the above petition; that he or she has read the foregoing petition and the same is true to his or her own knowledge, except as to matters therein stated to be alleged on information and belief and as to those-matters he or she believes them to be true.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Petitioner

Subscribed and sworn to before me

this day of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Deputy) Clerk of the Court

Notary Public