

MARRIAGE LICENSE APPLICATION

DATE _____

NO. _____

YOU MUST PRESENT PHOTO ID (OR BIRTH CERTIFICATE) AND SOCIAL SECURITY CARD WITH THIS APPLICATION. PLEASE PRINT CLEARLY, FILL IN ALL LINES OF APPLICATION AND SIGN BELOW.

Name _____
First Middle Last / Maiden name

Present address _____
Street number and name or rural route and box number City
State Zip Code County

Address after: _____
Marriage Street number and name or rural route and box number City
State Zip Code County

Birthplace: _____ Date of Birth _____ Age _____
State or Foreign Country Month Day Year

Driver's License No. and/or Birth Cert. No. _____ Social Security Number _____

Father's name: _____ Father's birthplace _____
First Middle Last State or Foreign Country

Mother's name: _____ Mother's birthplace _____
First Middle Maiden name State or Foreign Country

What is your race? (White, Black, Hispanic, Asian, American Indian, etc.) _____

What number of marriages is this for you? (circle one) 1 2 3 4 5 6 7 8 9

If previously married, how did your last marriage end? (circle one) Divorce Death

What was the date that your last marriage ended? _____
Month Day Year

What is the highest grade of school you have completed? _____
Years of grade school/high school or years of college

Name of parent, guardian or next of kin _____

Address of parent, guardian or next of kin _____

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Applicant