## CUMBERLAND COUNTY, TENNESSEE MARRIAGE LICENSE APPLICATION FEE: \$100.00 MARRIAGE LICENSE APPLICATION FEE WITH NOTARIZED CERTIFICATION OF COMPLETION PREMARITIAL PREPARATION COURSE WILL BE \$40.00. YOU MUST PRESENT PHOTO IDENTIFICATION (DRIVERS LICENSE OR STATE ISSUED ID) OR BIRTH CERTIFICATE ALONG WITH YOUR SOCIAL SECURITY CARD WITH THIS APPLICATION.

| DATE                    |  | <del> </del>          | NO             |          |         |   |                          |                                      |         |             |            |         |  |  |
|-------------------------|--|-----------------------|----------------|----------|---------|---|--------------------------|--------------------------------------|---------|-------------|------------|---------|--|--|
|                         |  |                       |                |          |         |   |                          | ,                                    |         |             |            |         |  |  |
| Name                    | <br>First                                | <br>Middle            | <br>Last       |          |         |   |                          | /<br>Last name at birth if different |         |             |            |         |  |  |
|                         | 11130                                    | Wilder                |                | Las      | •       |   |                          | _                                    | ast Hai | iic at t    | JII CIT II | umerem  |  |  |
| Present add             |  |                       |                |          |         |   |                          |                                      | -       |             |            |         |  |  |
|                         | Street num                               | ber and name          |                |          |         |   | (                        | City                                 |         |             |            |         |  |  |
|                         | State                                    |                       | Zip Code       |          |         |   | County                   |                                      |         |             |            |         |  |  |
| Addross ofts            | \r.                                      |                       |                |          |         |   |                          |                                      |         |             |            |         |  |  |
| Marriage                | Street number and name or P O Box Number |                       |                |          | City    |   |                          |                                      |         |             |            |         |  |  |
|                         | State                                    |                       | Zip Code       |          |         | County  |                          |                                      |         |             |            |         |  |  |
|                         |  |                       |                |          |         |   |                          |                                      |         |             | _          |         |  |  |
| Birthplace:             |  | reign Country         | Date o         | of Birth |         | onth  | Day                      |                                      | ear     | <i>^</i>    | Age        |         |  |  |
|                         |  | -                     |                |          |         |   | •                        |                                      |         |             |            |         |  |  |
| Driver's Lice           | nse No. or Bi                            | rth Cert. No          |                |          | _ Socia | l Secu  | rity Nu                  | mber                                 |         |             |            |         |  |  |
| Father's nan            | ne:                                      |                       | Fathe          |          |         |   | ner's birthplace         |                                      |         |             |            |         |  |  |
|                         | First                                    | Middle                | Last           |          |         | _   |                          |                                      | e or Fo |             |            |         |  |  |
| N 4 a ± b a w a · a · a |  |                       |                |          |         | N 4 a ±   | امامات                   | ا ما ما ما                           |         |             |            |         |  |  |
| Mother's name:<br>First |  |                       | Maiden Name    |          |         | Mother's birthplace<br>State or Foreign Country |                          |                                      |         |             |            |         |  |  |
|                         |  |                       |                |          |         |   |                          |                                      |         | · · · · · · |            | /       |  |  |
| What is you             | r race? (Whit                            | e, Black, Hispanic, A | Asian, America | an Indi  | an, etc | :.)   |                          |                                      |         |             |            |         |  |  |
| What numb               | er of marriag                            | es is this for you?   | (circle one)   | 1        | 2       | 3   | 4                        | 5                                    | 6       | 7           | 8          | 9       |  |  |
| If previously           | married, how                             | w did your last marr  | riage end? (d  | circle o | ne)     | Di  | vorce                    |                                      |         | Dea         | ith        |         |  |  |
| What was th             | ne date that y                           | our last marriage e   | nded?          |          |         |   |                          |                                      |         |             |            |         |  |  |
|                         |  | _                     | Мо             | nth      |         | [   | Day                      |                                      | Υ       | 'ear        |            |         |  |  |
| Mhat is the             | highost grade                            | e of school you have  | o completed?   | ı        |         |   |                          |                                      |         |             |            |         |  |  |
| wildt is tile           | iligilest grade                          | e of school you have  | e completeu :  |          | s of gr | ade so  | hool ar                  | nd hig                               | h scho  | ol or y     | ears of    | college |  |  |
|                         |  |                       |                |          |         |   |                          |                                      |         | ·           |            | J       |  |  |
| Name of par             | rent or next o                           | of kin                |                |          |         |   |                          |                                      |         |             |            |         |  |  |
| Address of p            | parent or nex                            | t of kin              |                |          |         |   |                          |                                      |         |             |            |         |  |  |
| CERTIFY TO T            | HE BEST OF MY                            | KNOWLEDGE THAT ALL    | OF THE ABOVE   | INFORM   | NOITAN  | IS TRU  | E AND CO                 | ORREC                                | г.      |             |            |         |  |  |
|                         |  |                       |                |          |         |   |                          |                                      |         |             |            |         |  |  |
|                         | Signature of Applicant                   |                       |                |          |         |   | Contact Telephone Number |                                      |         |             |            |         |  |  |