

APPLICATION FOR MARRIAGE LICENSE

PLEASE PRINT

THE LICENSE IS VALID FOR 60 DAYS.

WHAT DAY IS THE CEREMONY SCHEDULED? _____

1. FULL NAME _____
(FIRST) (MIDDLE -SPELL OUT) (LAST)

ENTER BIRTH NAME IF DIFFERENT FROM ABOVE _____

2. DATE OF BIRTH _____ / _____ / _____ AGE _____

3. CITY, COUNTY, AND STATE WHERE YOU RESIDE:

(CITY) (COUNTY) (STATE)

4. PLACE OF BIRTH _____ OR _____
(STATE) (COUNTRY)

5. SOCIAL SECURITY NUMBER: _____ - _____ - _____

6. RACE/ETHNIC DESCRIPTION: (PLEASE CIRCLE ONE)

BLACK WHITE ASIAN-AMERICAN AMERICAN INDIAN
HISPANIC ASIAN PACIFIC ISLANDER ALASKAN NATIVE OTHER

7. NUMBER OF THIS MARRIAGE:(EXAMPLE 1ST, 2ND, 3RD) _____

8. IF YOU WERE PREVIOUSLY MARRIED, PLEASE COMPLETE THE FOLLOWING:

A. LAST MARRIAGE ENDED BY:(CIRCLE ONE) DIVORCE DEATH ANNULMENT

B. DATE LAST MARRIAGE ENDED: _____ / _____ / _____
(MONTH/DAY/YEAR)

FUTURE MAILING ADDRESS FOR PURPOSE OF SENDING A CERTIFIED COPY OF YOUR MARRIAGE LICENSE TO YOU AFTER THE CEREMONY:

(STREET ADDRESS) (APT.#) (CITY) (STATE) (ZIP)

CURRENT PHONE NUMBER (_____) _____ - _____ (_____) _____ - _____
HOME HOME WORK