APPLICATION FOR MARRIAGE LICENSE

PICTURE I.D. IS REQUIRED WITH THIS FORM

IF YOU HAVE COMPLETED MARRIAGE COUNSELING, YOU WILL NEED TO PRESENT YOUR COUNSELING LETTER AT THE TIME OF APPLICATION FOR YOUR MARRIAGE LICENSE

PLEASE TYPE OR PRINT CLEARLY

APPROPRIATE TITLE (BRIDE, GROOM, SPOUSE): _____

DATE OF SCHEDULED CEREMONY (MM/DD/YYYY): _____

HAVE YOU COMPLETED MARRIAGE COUNSELING: _____

ARE BOTH PARTIES, IN THIS MARRIAGE, PARENTS OF COMMON CHILDREN BORN IN THE STATE OF FLORIDA? (If yes, then you must also fill out the Affirmation of Common Child(ren) Born in Florida form) _____

1. FULL NAME: _____
   (FIRST) (MIDDLE) (LAST)
   IF YOU ARE FEMALE, WHAT WAS YOUR MAIDEN NAME: _____
2. DATE OF BIRTH: _____ AGE: _____
3. CITY, COUNTY AND STATE OF RESIDENCE:
   _____ _____ _____
   (CITY) (COUNTY) (STATE)
4. PLACE OF BIRTH: _____ OR _____
   (STATE) (COUNTRY)
5. SOCIAL SECURITY NUMBER: _____
6. RACE/ETHNIC DESCRIPTION: (CHECK ONE)
   - o AMERICAN INDIAN/ALASKAN
   - o BLACK
   - o HISPANIC
   - o ORIENTAL/ASIAN
   - o OTHER
   - o PACIFIC ISLANDER
   - o WHITE
7. NUMBER OF THIS MARRIAGE (EXAMPLE 1ST, 2ND, 3RD, ETC.): _____
8. IF YOU WERE PREVIOUSLY MARRIED, PLEASE COMPLETE THE FOLLOWING:
   a. LAST MARRIAGE ENDED BY (DIVORCE, DEATH OR ANNULMENT) _____
   b. DATE LAST MARRIAGE ENDED (MM/DD/YYYY): _____
9. TELEPHONE NUMBER: _____
10. EMAIL ADDRESS: _____
11. MAILING ADDRESS: _____

(Note: This address will be used for the purpose of mailing your certified copy of your recorded marriage certificate)