

MARRIAGE LICENSE APPLICATION

FEE: \$64.00

cash, credit card or cashier's check **PLANNED DATE OF MARRIAGE** _____

APPLICANT A INFORMATION:

____Bride ____Groom ____Spouse ____MALE ____FEMALE

NAME: *Appearance Order on Marriage Certificate & License:* *Line 1*____ / *Line 2*____

FIRST _____ MIDDLE _____ LAST _____

BIRTH NAME (IF DIFFERENT THAN ABOVE) _____

MARITAL STATUS:

____SINGLE ____ DIVORCED ____ WIDOWED ____ UNDER CONTROL OF GUARDIAN

CURRENT RESIDENCE:

STREET _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

PRIOR ADDRESS WITHIN LAST 6 MONTHS: (IF DIFFERENT THAN ABOVE)

STREET _____

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

BIRTH INFORMATION:

DATE OF BIRTH _____ AGE _____

BIRTH STATE (PROVIDE COUNTRY IF OUTSIDE U.S.A.) _____

PARENTS INFORMATION:

MOTHER/PARENT'S BIRTH NAME _____

FATHER/PARENT'S BIRTH NAME _____

MOTHER/PARENT'S BIRTH STATE _____ FATHER/PARENT'S BIRTH STATE _____

(PROVIDE COUNTRY IF OUTSIDE U.S.A.)

(PROVIDE COUNTRY IF OUTSIDE U.S.A.)

SOCIAL SECURITY NUMBER: _____

CURRENT PHONE NUMBER: _____

FOR OFFICIAL USE ONLY:

DATE OF EXPIRATION: _____

LICENSE NUMBER: _____

MARRIAGE LICENSE APPLICATION

Page 2

APPLICANT B INFORMATION:

____Bride ____Groom ____Spouse ____MALE ____FEMALE

NAME:

FIRST_____MIDDLE_____LAST_____

BIRTH NAME (IF DIFFERENT THAN ABOVE) _____

MARITAL STATUS:

____SINGLE ____ DIVORCED ____ WIDOWED ____ UNDER CONTROL OF GUARDIAN

CURRENT RESIDENCE:

STREET_____

CITY_____ STATE_____ ZIP _____ COUNTY_____

PRIOR ADDRESS WITHIN LAST 6 MONTHS: (IF DIFFERENT THAN ABOVE)

STREET _____

CITY_____ STATE_____ ZIP CODE_____ COUNTRY_____

BIRTH INFORMATION:

DATE OF BIRTH_____ AGE_____

BIRTH STATE (PROVIDE COUNTRY IF OUTSIDE USA) _____

PARENTS INFORMATION:

MOTHER/PARENT'S BIRTH NAME_____

FATHER/PARENT'S BIRTH NAME_____

MOTHER/PARENT'S BIRTH STATE_____ FATHER/PARENT'S BIRTH STATE_____

(PROVIDE COUNTRY IF OUTSIDE U.S.A.)

(PROVIDE COUNTRY IF OUTSIDE U.S.A.)

SOCIAL SECURITY NUMBER: _____

CURRENT PHONE NUMBER: _____