

APPLICATION FOR MARRIAGE LICENSE

Please fill in ALL questions legibly.

APPLICANT INFORMATION

1. FULL name: _____

1a. Birth name, if different: _____

1b. Surname After Marriage: _____

1c. Social Security Number: _____

2. Current address, INCLUDING COUNTY: _____

3. Age: _____ Date of Birth: _____ Sex (optional) M / F

3a. Place of Birth (City, State): _____
(if foreign born, country of birth)

4. Occupation: _____

4a. Type of Industry or Business: _____

5. Father's name: _____

5a. Father's place of Birth(country): _____

6. Mother's first and maiden name: _____

6a. Mother's place of birth (country): _____

7. Number of marriage (first, second, third, etc.): _____

7a. Are any former spouse(s) still alive? Yes _____ No _____

Please sign: _____

DATE

Phone _____

Date & Place of marriage _____

Address to send Marriage CERTIFICATE: _____
