

APPLICATION FOR MARRIAGE LICENSE

PLEASE PRINT

DATE: _____

OFFICIAL USE: NUMBER _____

Bride/Groom/Spouse Information	Bride/Groom/Spouse Information
Name: _____ First Middle Last	Name: _____ First Middle Last
Birth Name (If Different): _____	Birth Name (If Different): _____
Last Name After Marriage: _____	Last Name After Marriage: _____
Social Security Number: _____ - _____	Social Security Number: _____ - _____
Residence: _____ State _____ County _____ Check One: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Municipality Name: _____	Residence: _____ State _____ County _____ Check One: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Municipality Name: _____
Street Address _____ Zip Code _____	Street Address _____ Zip Code _____
Daytime Phone # _____	Daytime Phone # _____
Residence Within Limits of Incorporated City or Village? <input type="checkbox"/> Yes <input type="checkbox"/> No	Residence Within Limits of Incorporated City or Village? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth: _____ Age: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F (optional)	Date of Birth: _____ Age: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F (optional)
Place Of Birth: _____	Place Of Birth: _____
Occupation: _____	Occupation: _____
Name Of Business: _____	Name Of Business: _____
Fathers Full Name: _____	Fathers Full Name: _____
Fathers Country Of Birth: _____	Fathers Country Of Birth: _____
Mothers Full Maiden Name: _____	Mothers Full Maiden Name: _____
Mothers Country Of Birth: _____	Mothers Country Of Birth: _____
Number of This Marriage: 1 2 3 4 (Circle One) Previous Marriage Ended By: (Check One) <input type="checkbox"/> Divorce _____ Produce All Divorce Papers <input type="checkbox"/> Annulment _____ <input type="checkbox"/> Death _____ Produce Death Certificate Former Spouse Living <input type="checkbox"/> Yes <input type="checkbox"/> No Date Last Marriage Ended: _____	Number of This Marriage: 1 2 3 4 (Circle One) Previous Marriage Ended By: (Check One) <input type="checkbox"/> Divorce _____ Produce All Divorce Papers <input type="checkbox"/> Annulment _____ <input type="checkbox"/> Death _____ Produce Death Certificate Former Spouse Living <input type="checkbox"/> Yes <input type="checkbox"/> No Date Last Marriage Ended: _____
ADDRESS WHERE YOU WILL BE LIVING AFTER MARRIAGE WHERE CERTIFIED MARRIAGE CERTIFICATE WILL BE MAILED ***** _____ ***** ***** _____ ***** ***** _____ *****	

NOTE: All divorce decrees or death certificates are required.

And either a Certified Birth Certificate or Baptismal Certificate AND one form of government issued photo identification. e.g. drivers license, passport, immigration record.