

APPLICATION FOR MARRIAGE LICENSE
(PLEASE PRINT)

Full Name _____
First Middle Current Surname

Birth Name, if different _____ Surname after Marriage _____

Social Security No. _____

Residence _____
Street Address

City/Town/Village (Circle One) State Zip County

Age _____ Date of Birth _____ Sex (optional) _____

Usual Occupation _____ Employer _____

Place of Birth _____
City, State (Country if not U.S.)

Father's Name _____
Last First

Father's Birthplace (Country) _____

Mother's Maiden Name _____
Last First

Mother's Birthplace (Country) _____

Number of this marriage _____

Contact number: Home - _____ Cell - _____

Address for mailing Certificate of Marriage Registration:

Number and Street Apt. No. City/Town State Zip

Clerk to complete:

Proof of age: Birth Certificate Baptismal Record Other: _____

and

Proof of identity: Driver's License Passport Other: _____

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