

Application for Marriage License

BRIDE/GROOM/SPOUSE

1. A. CURRENT FIRST NAME _____
 CURRENT MIDDLE NAME _____
 CURRENT SURNAME _____

B. BIRTH SURNAME, IF DIFFERENT _____

* CHANGING MIDDLE AND/OR SURNAME UPON MARRIAGE IS OPTIONAL, SEE BACK FOR INFORMATION.

* C. MIDDLE NAME AFTER MARRIAGE (IF CHANGING) _____

* D. SURNAME AFTER MARRIAGE (IF CHANGING) _____

E. SOCIAL SECURITY NUMBER _____

2. RESIDENCE A. _____ B. _____
(STATE) (COUNTY)

C. CHECK ONE AND SPECIFY CITY TOWN VILLAGE

D. STREET ADDRESS _____ ZIP _____

E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO

3. A. AGE _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____
MM/DD/YYYY

4. EMPLOYMENT USUAL OCCUPATION _____

5. PLACE OF BIRTH _____
(CITY, STATE or COUNTRY, IF NOT USA)

6. FATHER OR PARENT
 A. NAME (ON CURRENT BIRTH CERTIFICATE) _____
 B. COUNTRY OF BIRTH _____

7. MOTHER OR PARENT
 A. NAME (ON CURRENT BIRTH CERTIFICATE) _____
 B. COUNTRY OF BIRTH _____

8. NUMBER OF THIS MARRIAGE: _____ 9. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY
 DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____

9. B. HOW DID LAST MARRIAGE END? DIVORCE (3) ANNULMENT (3) DEATH (2)

C. DATE LAST MARRIAGE ENDED? _____
MM/DD/YYYY

D. ARE ANY FORMER SPOUSE(S) ALIVE? YES NO

10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION

	DATE OF DECREE (MONTH, DAY, YEAR)	PLACE ISSUED (CITY/COUNTY, STATE or COUNTRY, IF NOT USA)	AGAINST WHOM	
			SELF	SPOUSE
1ST	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2ND	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3RD	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4TH	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

BRIDE/GROOM/SPOUSE

11. A. CURRENT FIRST NAME _____
 CURRENT MIDDLE NAME _____
 CURRENT SURNAME _____

B. BIRTH SURNAME, IF DIFFERENT _____

* CHANGING MIDDLE AND/OR SURNAME UPON MARRIAGE IS OPTIONAL, SEE BACK FOR INFORMATION.

* C. MIDDLE NAME AFTER MARRIAGE (IF CHANGING) _____

* D. SURNAME AFTER MARRIAGE (IF CHANGING) _____

E. SOCIAL SECURITY NUMBER _____

12. RESIDENCE A. _____ B. _____
(STATE) (COUNTY)

C. CHECK ONE AND SPECIFY CITY TOWN VILLAGE

D. STREET ADDRESS _____ ZIP _____

E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO

13. A. AGE _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____
MM/DD/YYYY

14. EMPLOYMENT USUAL OCCUPATION _____

15. PLACE OF BIRTH _____
(CITY, STATE or COUNTRY, IF NOT USA)

16. FATHER OR PARENT
 A. NAME (ON CURRENT BIRTH CERTIFICATE) _____
 B. COUNTRY OF BIRTH _____

17. MOTHER OR PARENT
 A. NAME (ON CURRENT BIRTH CERTIFICATE) _____
 B. COUNTRY OF BIRTH _____

18. NUMBER OF THIS MARRIAGE: _____ 19. A. NUMBER OF PREVIOUS MARRIAGES ENDED BY
 DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____

19. B. HOW DID LAST MARRIAGE END? DIVORCE (3) ANNULMENT (3) DEATH (2)

C. DATE LAST MARRIAGE ENDED? _____
MM/DD/YYYY

D. ARE ANY FORMER SPOUSE(S) ALIVE? YES NO

20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION

	DATE OF DECREE (MONTH, DAY, YEAR)	PLACE ISSUED (CITY/COUNTY, STATE or COUNTRY, IF NOT USA)	AGAINST WHOM	
			SELF	SPOUSE
1ST	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2ND	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3RD	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4TH	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Mailing address for Marriage Certificate:

Phone numbers:
