

Application for Marriage License

Applicant 1

Male ___ Female ___

FULL NAME _____
First Middle Last

ADDRESS _____
Street City State

Zip Code County Phone #

DATE OF BIRTH _____ **AGE** _____ **RACE** _____ **BIRTH PLACE** _____
City/State

OCCUPATION _____ **ARE YOU AND YOUR FIANCÉE RELATED?** _____

DESIGNATED SURNAME _____ **MAIDEN NAME** _____
(Are you changing your last name?)

OF PREVIOUS MARRIAGES _____ *(If none put zero (0))* **SOCIAL SECURITY #** _____
**(If you've been married before, you must show proof of dissolved marriage: FINAL DIVORCE DECREE or DEATH CERTIFICATE)*

FATHER _____ **HIS STATE OF BIRTH** _____
First/Middle initial/Last

MOTHER _____ **HER STATE OF BIRTH** _____
First/Middle Initial/ Last name at birth

IN WHAT STATE DOES YOUR FATHER LIVE NOW? _____

IN WHAT STATE DOES YOUR MOTHER LIVE NOW? _____

YOUR WEDDING DATE _____

LOCATION OF YOUR WEDDING _____
City State County

Applicant 2:

Male ___ Female ___

FULL NAME _____
First Middle Last

ADDRESS _____
Street City State

Zip Code County Phone #

DATE OF BIRTH _____ **AGE** _____ **RACE** _____ **BIRTH PLACE** _____
City/State

OCCUPATION _____ **ARE YOU AND YOUR FIANCÉE RELATED?** _____

DESIGNATED SURNAME _____ **MAIDEN NAME** _____
(Are you changing your last name?)

OF PREVIOUS MARRIAGES _____ *(If none put zero (0))* **SOCIAL SECURITY #** _____
(If you've been married before you must show proof of dissolved marriage: FINAL DIVORCE DECREE or DEATH CERTIFICATE)

FATHER _____ **HIS STATE OF BIRTH** _____
First/Middle initial/ Last

MOTHER _____ **HER STATE OF BIRTH** _____
First/Middle initial/Last name at birth

IN WHICH STATE/S DO YOUR PARENTS LIVE TODAY? MOTHER _____ FATHER _____

The cost is \$76. A discounted price of \$36 is offered to couples upon completion of at least 6 hours of pre-marital counseling and the submission of the required certificate. Please inquire for details.