

APPLICATION FOR MARRIAGE LICENSE

(Please print)

Full Name _____

First

Middle

Current Surname

Surname after Marriage _____ / _____

Maiden Name (if applicable)

Social Security Number _____ - _____ - _____ Sex _____ (Optional)

Age _____ Date of Birth ____ / ____ / ____ Place of Birth _____

City / State

Residence _____

State

County

City/Town/Village

Street Address _____

Zip Code

Employment: Usual Occupation _____

Type of Business _____

Father or Parent Name _____

Last (Maiden name, if applicable)

First

Father or Parent Birthplace (Country) _____

Mother or Parent Name _____

Last (Maiden name, if applicable)

First

Mother or Parent Birthplace (Country) _____

Number of this Marriage _____

Contact number: Home: _____ Cell: _____

Address to mail Certificate of Marriage Registration to:

Street _____ Apt. No _____ City/Town _____ State _____ Zip _____

REQUIRED: (Clerk to complete)

Proof of Age:

Birth Certificate

Baptismal Records

Naturalization Record

Census Record

AND

Proof of Identity:

Drivers License

Passport

Immigration Record

Employment Picture ID

Documented Divorce?

Yes

No