

# APPLICATION FOR MARRIAGE LICENSE

(Please Print)

Full Name \_\_\_\_\_  
First Middle Current Surname

\_\_\_\_\_  
Middle Name After Marriage Surname After Marriage

\_\_\_\_\_  
Maiden / Birth Name (If Applicable)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex \_\_\_\_\_ (Optional)

Residence

\_\_\_\_\_  
Street Address City/Town/Village State

\_\_\_\_\_  
Zip Code County

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_  
(City / State)

Contact Number \_\_\_\_\_ Are you active Military? YES / NO

Employment:

\_\_\_\_\_  
Usual Occupation Type of Business

Father/Parent Name \_\_\_\_\_  
Last (Maiden Name, If Applicable) First

Father/Parent Birthplace (COUNTRY) \_\_\_\_\_

Mother/Parent Name \_\_\_\_\_  
Last (Maiden Name, If Applicable) First

Mother/Parent Birthplace (COUNTRY) \_\_\_\_\_

Number of THIS Marriage (Must include ALL divorces & Have All Decrees) \_\_\_\_\_

Address to mail Certificate of Marriage Registration to:

\_\_\_\_\_  
Street Apt. No. City/Town Zip

REQUIRED:

CLERK TO COMPLETE – One proof from **EACH** list is required

**Proof of Age:**

Birth Certificate      Baptismal Records      Naturalization Record      Census Record

**Proof of Identity:**

Driver's License      Passport      Immigration Record      Employment Picture ID

**Previous Marriage Information:**

Divorce \_\_\_\_\_

Date Granted: \_\_\_\_\_ County/State Filed: \_\_\_\_\_

Against Whom:      Self \_\_\_\_\_ Spouse \_\_\_\_\_ Spouse Alive? \_\_\_\_\_

Divorce \_\_\_\_\_

Date Granted: \_\_\_\_\_ County/State Filed: \_\_\_\_\_

Against Whom:      Self \_\_\_\_\_ Spouse \_\_\_\_\_ Spouse Alive? \_\_\_\_\_

Divorce \_\_\_\_\_

Date Granted: \_\_\_\_\_ County/State Filed: \_\_\_\_\_

Against Whom:      Self \_\_\_\_\_ Spouse \_\_\_\_\_ Spouse Alive? \_\_\_\_\_

Death \_\_\_\_\_ Date of Death \_\_\_\_\_

Death \_\_\_\_\_ Date if Death \_\_\_\_\_