Marriage License Application

Getting Married Within 60 Days?   YES or NO

Phone _____

Full Name_____

Birth Name, If Different_____

Surname After Marriage (optional)_____

Social Security Number _____

Residence

State_____ County_____

Circle One   CITY   TOWN   VILLAGE

Street Address_____

_____

Is Residence Within City Limits?   YES or NO

AGE_____ D.O.B._____ SEX (optional)_____

Place of Birth_____

Employment

Usual Occupation/Job Title_____

Type of Industry/Business_____

Parents

Mother's Name (Maiden)_____

Country of Birth_____

Parent #2 Name_____

Country of Birth_____

Number of this marriage _____

*If Not First Marriage, See Previous Marriages. (ON BACK)

Previous Marriages

Number of Previous Marriages Ended by:

Divorce _____ Civil Annulment _____ Death _____

How did the last Marriage end?   Divorce   Annulment   Death

Date Last Marriage Ended _____

Any Former Spouses Alive?   YES   or   NO

If Previously Divorced or Annulled, provide the following Information.

Month/Day/Year	City/County, State/Country, If not USA	Against Whom
1._____	_____	Self or Spouse
2._____	_____	Self or Spouse
3._____	_____	Self or Spouse
4._____	_____	Self or Spouse

Address to Mail Certificate to (If different from address above)

_____

_____