MARRIAGE APPLICATION WORKSHEET

Phone Number: _____ Address to send license to: _____

BRIDE/GROOM/SPOUSE

1. A. FULL NAME _____
FIRST MIDDLE CURRENT SURNAME
B. BIRTH NAME, IF DIFFERENT _____
C. SURNAME AFTER MARRIAGE _____
(OPTIONAL - SEE REVERSE)
D. SOCIAL SECURITY NUMBER _____
2. RESIDENCE A. _____ (STATE) B. _____ (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 _____ (MM/DD/YYYY) C. SEX (OPTIONAL) _____
4. EMPLOYMENT
A. USUAL OCCUPATION _____
B. TYPE OF INDUSTRY OR BUSINESS _____
5. PLACE OF BIRTH _____ (CITY, STATE / COUNTRY, IF NOT USA)
6. FATHER OR PARENT
A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____
B. COUNTRY OF BIRTH _____
7. MOTHER OR PARENT
A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____
B. COUNTRY OF BIRTH _____
8. NUMBER OF THIS MARRIAGE _____
9. PREVIOUS MARRIAGES
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY
DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____
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/COUNTRY, IF NOT USA)	AGAINST WHOM SELF	AGAINST WHOM SPOUSE
1ST			☐	☐
2ND			☐	☐
3RD			☐	☐
4TH			☐	☐

BRIDE/GROOM/SPOUSE

11. A. FULL NAME _____
FIRST MIDDLE CURRENT SURNAME
B. BIRTH NAME, IF DIFFERENT _____
C. SURNAME AFTER MARRIAGE _____
(OPTIONAL - SEE REVERSE)
D. SOCIAL SECURITY NUMBER _____
12. RESIDENCE A. _____ (STATE) B. _____ (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 _____ (MM/DD/YYYY) C. SEX (OPTIONAL) _____
14. EMPLOYMENT
A. USUAL OCCUPATION _____
B. TYPE OF INDUSTRY OR BUSINESS _____
15. PLACE OF BIRTH _____ (CITY, STATE / COUNTRY, IF NOT USA)
16. FATHER OR PARENT
A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____
B. COUNTRY OF BIRTH _____
17. MOTHER OR PARENT
A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____
B. COUNTRY OF BIRTH _____
18. NUMBER OF THIS MARRIAGE _____
19. PREVIOUS MARRIAGES
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY
DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____
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/COUNTRY, IF NOT USA)	AGAINST WHOM SELF	AGAINST WHOM SPOUSE
1ST			☐	☐
2ND			☐	☐
3RD			☐	☐
4TH			☐	☐

SIGNATURE _____ (USE CURRENT NAME)

SIGNATURE _____ (USE CURRENT NAME)

---------- Staff Use Only ----------

BRIDE/GROOM/SPOUSE

Proof of Age:
_____ Birth Certificate w/raised seal
_____ Infant Baptismal Record
_____ Naturalization Record
_____ Census Record

Proof of Identity:
_____ Driver's License/Non Driver's ID
_____ Passport
_____ Employment Photo ID
_____ Immigration Record

Proof of Divorce/Death of Spouse (if needed)
_____ Death Certificate(s)
_____ Judgment(s) of Divorce

BRIDE/GROOM/SPOUSE

Proof of Age:
_____ Birth Certificate w/raised seal
_____ Infant Baptismal Record
_____ Naturalization Record
_____ Census Record

Proof of Identity:
_____ Driver's License/Non-Driver's ID
_____ Passport
_____ Employment Photo ID
_____ Immigration Record

Proof of Divorce/Death of Spouse (if needed)
_____ Death Certificate(s)
_____ Judgment(s) of Divorce

Staff Initials: _____ Date Proof Checked: _____