

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