Office use Only: Registration #:
Date:

MARRIAGE LICENSE APPLICATION

BRIDE / GROOM / SPOUSE			
First	*Middle*	*Last*	*Birth Name if Different*

Last Name after Marriage:	SS #:
Home Address	Phone #
	Is residence within limits of incorporated city or village? ☐Yes ☐ No
☐Town ☐ Village ☐ City _____	County: _____

Date of Birth: _____ / _____ /_____	Age:	Usual Occupation:
Place of Birth:	Sex:	Type of Business:

Father:	Country of Birth
Mother (Maiden Name):	Country of Birth

# of this Marriage: ☐	How did last marriage end? Divorce ☐ Annulment ☐ Death ☐ Date ended: _____/_____/_____
Number of previous marriages which ended by: Divorce ☐ Annulment ☐ Death ☐	
Are any former spouse(s) alive? Yes ☐ No ☐	Military Active Duty? Yes ☐ No ☐

If previously divorced or annulled, provide information below

Date of decree MM / DD / YYYY	Place issued (city/county, state/country)	Against Self	Spouse	No Fault
1ST		☐	☐	☐
2ND		☐	☐	☐

I HEREBY CERTIFY that the information provided in this form is true and correct to the best of my knowledge _____

BRIDE / GROOM / SPOUSE			
First	*Middle*	*Last*	*Birth Name if Different*

Last Name after Marriage:	SS #:
Home Address	Phone #
	Is residence within limits of incorporated city or village? ☐Yes ☐ No
☐Town ☐ Village ☐ City _____	County: _____

Date of Birth: _____ / _____ /_____	Age:	Usual Occupation:
Place of Birth:	Sex:	Type of Business:

Father:	Country of Birth
Mother (Maiden Name):	Country of Birth

# of this Marriage: ☐	How did last marriage end? Divorce ☐ Annulment ☐ Death ☐ Date ended: _____/_____/_____
Number of previous marriages which ended by: Divorce ☐ Annulment ☐ Death ☐	
Are any former spouse(s) alive? Yes ☐ No ☐	Military Active Duty? Yes ☐ No ☐

If previously divorced or annulled, provide information below

Date of decree MM / DD / YYYY	Place issued (city/county, state/country)	Against Self	Spouse	No Fault
1ST		☐	☐	☐
2ND		☐	☐	☐

I HEREBY CERTIFY that the information provided in this form is true and correct to the best of my knowledge _____