APPLICATION FOR MARRIAGE LICENSE
(Please Print)

BRIDE/GROOM/SPOUSE

Full Name: _____
First Middle Current Surname

Birth Name (If Different): _____

Surname After Marriage: _____

Social Security Number: ____-____-____

Check One and Specify Name: City ☐ Town ☐ Village ☐ _____

_____
Street Address Zip Code

Residence: State: _____ County: _____

Phone Number: _____

Age: _____ **Date of Birth:** ____/____/____ Sex: (Optional) _____

Employment: Usual Occupation _____

Type of Business/Industry _____

Place of Birth: _____
(City, State/Country, If Not USA)

Father or Parent Name (Or Maiden Name If Applicable): _____ _____
First Last Country of Birth

Mother or Parent Name (Or Maiden Name If Applicable): _____ _____
First Last Country of Birth

Number of This Marriage: _____

Previous Marriages

Number of Previous Marriages Which Ended By:

Divorce: _____ Civil Annulment: _____ Death: _____

How Did Last Marriage End? Divorce ☐ Annulment ☐ Death ☐

Date Last Marriage Ended _____
MM/DD/YYYY

Are Any Former Spouses Alive? Yes ☐ No ☐

If Previously Divorced or Annulled, Provide the Following Information:

Date of Decree (Month, Date, Year)	Place Issued City/County,State/Country if not USA)	Against Whom Self	Spouse
1st		☐	☐
2nd		☐	☐
3rd		☐	☐
4th		☐	☐

Specify Address Where Certificate of Marriage Registration Should Be Sent:

_____
Street City/Town/Village State ZIP