

MARRIAGE LICENSE APPLICATION

Please fill out this form completely and accurately to the best of your knowledge.

Any corrections needed AFTER the license is recorded will require a **COURT ORDER** to change.

FIRST PARTY: ☐ MALE ☐ FEMALE ☐ OTHER ☐ BRIDE ☐ GROOM ☐ SPOUSE

FIRST NAME : _____ MI : _____ LAST : _____

CURRENT PHYSICAL ADDRESS : _____
[Street Address] [City & State] [ZIP]

DATE OF BIRTH: ____ / ____ / ____ PLACE OF BIRTH (City, State): _____

MOTHER FIRST NAME : _____ **MOTHER MAIDEN NAME :** _____

FATHER FIRST NAME : _____ **FATHER LAST NAME:** _____

I AM CURRENTLY : ☐ Single ☐ Divorced ☐ Widowed ☐ Annulled **NUMBER OF PREVIOUS MARRIAGES :** _____

OCCUPATION : _____
 [Job title (i.e. Cashier, Manager, Secretary, Nurse, etc.) OR Unemployed, Retired, Disabled, Homemaker, etc.]

RACE: ☐ White ☐ Black ☐ Hispanic / Latino ☐ Asian ☐ American Indian ☐ Pacific Islander ☐ Other : _____

ARE YOU RELATED TO THE OTHER PARTY? ☐ Yes. ☐ No. **SSN:** _____

SECOND PARTY: ☐ MALE ☐ FEMALE ☐ OTHER ☐ BRIDE ☐ GROOM ☐ SPOUSE

FIRST NAME : _____ **MI :** _____ **LAST :** _____

CURRENT PHYSICAL ADDRESS : _____

[Street Address]	[City & State]	[ZIP]
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DATE OF BIRTH : ____ / ____ / ____ PLACE OF BIRTH (City, State) : _____

MOTHER FIRST NAME : _____ **MOTHER MAIDEN NAME :** _____

FATHER FIRST NAME : _____ **FATHER LAST NAME :** _____

I AM CURRENTLY : ☐ Single ☐ Divorced ☐ Widowed ☐ Annulled **NUMBER OF PREVIOUS MARRIAGES :** _____

OCCUPATION : _____
[Job title (i.e. Cashier, Manager, Secretary, Nurse, etc.) OR Unemployed, Retired, Disabled, Homemaker, etc.]

RACE: ☐ White ☐ Black ☐ Hispanic / Latino ☐ Asian ☐ American Indian ☐ Pacific Islander ☐ Other : _____

ARE YOU RELATED TO THE OTHER PARTY? ☐ Yes. ☐ No. **SSN :** _____

After you are married, you will return the completed license to our office to be recorded.

We will mail certified and regular copies of the recorded license to your mailing address below:

MAILING ADDRESS : _____

[Street Address]
[City & State]
[ZIP]

PHONE NUMBER (in case we need to contact you) : _____