

MARRIAGE LICENSE APPLICATION WORKSHEET

MARRIAGE DATE : _____
 PLACE OF MARRIAGE: _____
 NAME OF OFFICIAL: _____
 OFFICIAL'S PHONE NO. _____
 APPLICANTS PHONE NO: _____
 ADDRESS TO MAIL MARRIAGE CERTIFICATE AFTER MARRIED: _____

DATE _____
 MARRIAGE LIC. # _____

**DOCUMENTS NEEDED: ORIGINAL BIRTH CERTIFICATE
 DRIVER'S LICENSE (PHOTO I.D.)
 DIVORCE PAPERS (IF APPLICABLE)
 \$40.00 (CASH OR CHECK ONLY)**

ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT

	BRIDE/GROOM/SPOUSE		BRIDE/GROOM/SPOUSE	
AFFIDAVIT	1. A. FULL NAME _____ <small>FIRST MIDDLE CURRENT SURNAME</small>		11. A. FULL NAME _____ <small>FIRST MIDDLE CURRENT SURNAME</small>	
	B. BIRTH NAME, IF DIFFERENT _____		B. BIRTH NAME, IF DIFFERENT _____	
	C. SURNAME AFTER MARRIAGE _____ <small>(OPTIONAL - SEE REVERSE)</small>		C. SURNAME AFTER MARRIAGE _____ <small>(OPTIONAL - SEE REVERSE)</small>	
	D. SOCIAL SECURITY NUMBER _____		D. SOCIAL SECURITY NUMBER _____	
	2. RESIDENCE A _____ B _____ <small>(STATE) (COUNTY)</small>		12. RESIDENCE A _____ B _____ <small>(STATE) (COUNTY)</small>	
	C. CHECK ONE AND SPECIFY _____ <small>CITY [] TOWN [] VILLAGE []</small>		C. CHECK ONE AND SPECIFY _____ <small>CITY [] TOWN [] VILLAGE []</small>	
	D. STREET ADDRESS _____ ZIP _____		D. STREET ADDRESS _____ ZIP _____	
	E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES [] NO []		E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES [] NO []	
	3. A. AGE _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____ <small>MM/DD/YYYY</small>		13. A. AGE _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____ <small>MM/DD/YYYY</small>	
	4. EMPLOYMENT		14. EMPLOYMENT	
	A. USUAL OCCUPATION _____		A. USUAL OCCUPATION _____	
	B. TYPE OF INDUSTRY OR BUSINESS _____		B. TYPE OF INDUSTRY OR BUSINESS _____	
	5. PLACE OF BIRTH _____ <small>(CITY, STATE / COUNTRY, IF NOT USA)</small>		15. PLACE OF BIRTH _____ <small>(CITY, STATE / COUNTRY, IF NOT USA)</small>	
	6. FATHER OR PARENT		16. FATHER OR PARENT	
	A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____		A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____	
	B. COUNTRY OF BIRTH _____		B. COUNTRY OF BIRTH _____	
	7. MOTHER OR PARENT		17. MOTHER OR PARENT	
	A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____		A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____	
	B. COUNTRY OF BIRTH _____		B. COUNTRY OF BIRTH _____	
	8. NUMBER OF THIS MARRIAGE _____		18. NUMBER OF THIS MARRIAGE _____	
9. PREVIOUS MARRIAGES		19. PREVIOUS MARRIAGES		
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____		A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____		
B. HOW DID LAST MARRIAGE END? DIVORCE [] (3) ANNULMENT [] (3) DEATH [] (2)		B. HOW DID LAST MARRIAGE END? DIVORCE [] (3) ANNULMENT [] (3) DEATH [] (2)		
C. DATE LAST MARRIAGE ENDED? _____ <small>MM/DD/YYYY</small>		C. DATE LAST MARRIAGE ENDED? _____ <small>MM/DD/YYYY</small>		
D. ARE ANY FORMER SPOUSE(S) ALIVE? YES [] NO []		D. ARE ANY FORMER SPOUSE(S) ALIVE? YES [] NO []		
10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION		20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION		
DATE OF DECREE _____ PLACE ISSUED _____ AGAINST WHOM _____ <small>(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE</small>		DATE OF DECREE _____ PLACE ISSUED _____ AGAINST WHOM _____ <small>(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE</small>		
1ST _____ [] []	1ST _____ [] []	2ND _____ [] []	2ND _____ [] []	
3RD _____ [] []	3RD _____ [] []	3RD _____ [] []	3RD _____ [] []	
4TH _____ [] []	4TH _____ [] []	4TH _____ [] []	4TH _____ [] []	

PAYMENT: CASH _____

CHECK # _____