



APPLICATION FOR MARRIAGE LICENSE

Bride / Groom / Spouse

Current Surname _____

Current First Name _____

Current Middle Name _____

Birth Surname (if different) _____

Surname After Marriage (if changing) _____

Middle Name After Marriage (if changing) _____

Social Security # _____ Sex (optional) _____ Phone # _____

Residence Street Address _____

City/Town/Village _____ State _____ Zip _____ County _____

Date of Birth _____ Age _____ Place of Birth _____

Employment Occupation _____ Industry _____

Father/Parent Name _____ Country of Birth _____

Mother/Parent Name (Maiden) _____ Country of Birth _____

Number of this Marriage _____ Wedding Date _____

Number of Previous Marriages Ended By:

Divorce _____ Civil Annulment _____ Death _____ Are Any Former Spouses Alive _____

How Did Last Marriage End:

Divorce Civil Annulment Death Date Last Marriage Ended _____

If Previously Divorced or Annulled, Provide the Following Decree Information:

1st Date _____ Place Issued _____ Defendant: Self Spouse

2nd Date _____ Place Issued _____ Defendant: Self Spouse

3rd Date _____ Place Issued _____ Defendant: Self Spouse

4th Date _____ Place Issued _____ Defendant: Self Spouse

Address to mail Certificate of Marriage Registration to:
