

DATE OF INTENDED MARRIAGE \_\_\_\_\_

APPLICATION FOR MARRIAGE LICENSE

FULL NAME (as now used) \_\_\_\_\_  
Sex(optional) Male \_\_\_\_\_ Female \_\_\_\_\_ S.S. # \_\_\_\_\_

Birth Name(if different \_\_\_\_\_ Surname AFTER marriage \_\_\_\_\_

Residence: A. State \_\_\_\_\_ B. County \_\_\_\_\_

C. City  Town  Village  of \_\_\_\_\_

D. Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

E. Is residence within limits of city or incorporated village? YES  NO

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City, State/Country (if not USA)

Telephone: \_\_\_\_\_

Occupation \_\_\_\_\_ Type of Business \_\_\_\_\_

Father: Name \_\_\_\_\_ Country of Birth \_\_\_\_\_

Mother: Name \_\_\_\_\_ Country of Birth \_\_\_\_\_

Is this your first marriage? YES  NO  Number of this marriage \_\_\_\_\_

Number of previous marriages ended by: Divorce \_\_\_\_\_ Annulment \_\_\_\_\_ Death \_\_\_\_\_

Last marriage ended by: Divorce  Annulment  Death

Date last marriage ended: \_\_\_\_\_ Any former spouses still alive? Y N

***If previously divorced or annulled, provide the following information in chronological order:***

Date of Decree	Place Issued (County & State)	Against Whom <small>(Please Circle)</small>	
1 <sup>st</sup> _____	_____	Self	Spouse
2 <sup>nd</sup> _____	_____	Self	Spouse
3 <sup>rd</sup> _____	_____	Self	Spouse

PLEASE LIST MAILING ADDRESS for mailing of certificate after solemnization occurs:

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