

DATE: _____

APPLICATION FOR MARRIAGE LICENSE

PHONE #: _____

FIRST LISTED SPOUSE:

DL OR ID: _____

FIRST: _____

MIDDLE: _____

LAST: _____

MAIDEN (IF APPLICABLE): _____

ADDRESS

STREET: _____

INSIDE CITY LIMITS: Y / N

COUNTY: _____

STATE: _____

CITY: _____

ZIP CODE: _____

SSN: _____

SEX: MALE / FEMALE

RACE: _____

D.O.B.: _____

NUMBER OF PREVIOUS MARRIAGES: _____

IF APPLICABLE, HOW DID LAST MARRIAGE END?

DIVORCE/DEATH/OTHER

DATE ENDED: _____

FATHER'S NAME

FIRST: _____

MIDDLE: _____

LAST: _____

MOTHERS NAME

FIRST: _____

MIDDLE: _____

MAIDEN: _____

SECOND LISTED SPOUSE:

DL OR ID: _____

FIRST: _____

MIDDLE: _____

LAST: _____

MAIDEN (IF APPLICABLE): _____

ADDRESS

STREET: _____

INSIDE CITY LIMITS: Y / N

COUNTY: _____

STATE: _____

CITY: _____

ZIP CODE: _____

SSN: _____

SEX: MALE / FEMALE

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FIRST: _____

MIDDLE: _____

LAST: _____

MOTHERS NAME

FIRST: _____

MIDDLE: _____

MAIDEN: _____