

# Marriage License Application Worksheet

Marriage Date: \_\_\_\_\_

Date:

Place of Marriage: \_\_\_\_\_

Marriage License #

Name of Official: \_\_\_\_\_

Official's Phone No. \_\_\_\_\_

Applicants Phone No. \_\_\_\_\_

Address to mail Marriage Certificate after mail

Address to mail Marriage Certificate after married:

Documents Needed: Original Birth Certificate  
Driver's License (Photo I.D.)  
Divorce Papers (If applicable)  
\$40.00 (Cash or Check Only)

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

Payment: Cash

### Check