

MARRIAGE LICENSE INFORMATION

Please complete the following form.

All information requested below is required to process your Marriage License Application.

PLEASE PRINT LEGIBLY

GROOM'S INFORMATION

Groom's --Full Legal Name

Date of Birth

--	--	--	--	--

First *Middle* *Last* *Month - Day - Year*
Address City County Residing State

--	--	--	--

Number - Street or P.O.Box

City

Zip Code

Place of Birth

Social Security Number

--	--	--	--

State or Country

What number of marriage
will this marriage be?

How did your
last marriage end?

Date marriage ended

Race			
------	--	--	--

Telephone number where you can be reached
during the day: (Include Area Code)

--

BRIDE'S INFORMATION

Bride's--Full Legal Name

Maiden Name

--	--	--	--	--

First *Middle* *Last* *Month - Day - Year*
Date of Birth Address City County Residing State

--	--	--	--	--

Month - Day - Year

Number - Street or P.O.Box

City

Zip Code

Place of Birth

Social Security Number

--	--	--	--

State or Country

What number of marriage
will this marriage be?

How did your
last marriage end?

Date marriage ended

Race			
------	--	--	--

Telephone number where you can be reached
during the day. (Include area code.)

Divorce-Death

Month - Day - Year

--