

Application for Marriage License

Please provide ALL of the information requested below.

Please verify the accuracy and spelling of all information.

Do not use abbreviated city names.

The information provided below will appear on your permanent marriage license, so please take your time and be sure it's correct!

Marital Role (MUST CHECK ONE)	<input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> Spouse
Full Legal Name	_____
Current Residence	_____
Date of Birth and Age	_____
Place of Birth (City and State)	_____
Parent 1 Full Name (including maiden)	_____
Parent 2 Full Name (including maiden)	_____
Marital Status (MUST CHECK ONE)	<input type="checkbox"/> single <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> annulled
Number of Previous Marriages	_____
Occupation	_____
Race	_____
Gender	_____
Are you related to the other party, if so how?	_____
Marital Role (MUST CHECK ONE)	<input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> Spouse
Full Legal Name	_____
Current Residence	_____
Date of Birth and Age	_____
Place of Birth (City and State)	_____
Parent 1 Full Name (including maiden)	_____
Parent 2 Full Name (including maiden)	_____
Marital Status (MUST CHECK ONE)	<input type="checkbox"/> single <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> annulled
Number of Previous Marriages	_____
Occupation	_____
Race	_____
Gender	_____
Are you related to the other party, if so how?	_____