

**MARRIAGE LICENSE APPLICATION
APPLICANT 1**

Please Print

NAME _____
FIRST MIDDLE LAST

SOCIAL SECURITY NUMBER _____

ADDRESS _____
STREET/ROAD CITY STATE ZIP CODE

COUNTY OF RESIDENCE _____ **PHONE** _____

PLACE OF BIRTH _____
CITY COUNTY STATE

BIRTHDATE _____
MONTH DAY YEAR AGE

FATHERS FULL NAME _____
FIRST MIDDLE LAST

MOTHERS FULL NAME _____
FIRST MIDDLE LAST (MAIDEN)

OCCUPATION _____ **PREVIOUSLY MARRIED?** _____
YES/NO

IF YES, HOW MANY TIMES _____ **DIVORCED #** _____ **WIDOWED #** _____

NAMES AND AGES OF MINOR CHILDREN

_____	NAME	AGE
_____	NAME	AGE
_____	NAME	AGE
_____	NAME	AGE

EXPECTED DATE OF MARRIAGE _____

NAME OF PERSON PERFORMING MARRIAGE _____