MARRIAGE LICENSE APPLICATION
APPLICANT 2

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 _____