

INFORMATION FOR MARRIAGE LICENSE APPLICATION
(PLEASE PRINT)

GROOM

SOCIAL SECURITY # _____

NAME _____
FIRST MIDDLE LAST

DATE OF BIRTH (08/17/1999) _____ AGE _____

ADDRESS _____
STREET CITY STATE ZIP CODE

PLACE OF BIRTH _____
CITY COUNTY STATE

OCCUPATION _____ HAVE YOU BEEN MARRIED BEFORE _____
YES OR NO

IF YES, HOW MANY TIMES _____ WIDOWED OR DIVORCED _____

IF DIVORCED, LIST NAMES AND AGES OF MINOR CHILDREN

YOUR FATHER'S FULL NAME _____
FIRST MIDDLE LAST

YOUR MOTHER'S MAIDEN NAME _____
FIRST MIDDLE LAST

EXPECTED DATE OF MARRIAGE _____

NAME OF PERSON PERFORMING MARRIAGE _____

TELEPHONE NUMBER WHERE YOU CAN BE REACHED _____

ARE YOU REGISTERED TO VOTE? _____
YES OR NO

WOULD YOU LIKE TO REGISTER? _____
YES OR NO

