

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

