

# Marriage License Application Worksheet

Marriage Date: \_\_\_\_\_  
 Place of Marriage: \_\_\_\_\_  
 Name of Official: \_\_\_\_\_  
 Official's Phone No. \_\_\_\_\_  
 Applicants Phone No. \_\_\_\_\_  
 Address to mail Marriage Certificate after married: \_\_\_\_\_

Date: \_\_\_\_\_  
 Marriage License # \_\_\_\_\_

Documents Needed:     Original Birth Certificate  
                                  Driver's License (Photo I.D.)  
                                  Divorce Papers (If applicable)  
                                  \$40.00 (Cash or Check Only)

BRIDE/GROOM/SPOUSE			
1. A. FULL NAME _____			
FIRST	MIDDLE	CURRENT SURNAME	
B. BIRTH NAME, IF DIFFERENT _____			
C. SURNAME AFTER MARRIAGE _____			
(OPTIONAL - SEE REVERSE)			
D. SOCIAL SECURITY NUMBER _____			
2. RESIDENCE A. _____		B. _____	
(STATE)		(COUNTY)	
C. CHECK ONE AND SPECIFY     CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/>			
D. STREET ADDRESS _____ ZIP _____			
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. A. AGE _____	B. DATE OF BIRTH _____	C. SEX (OPTIONAL) _____	
	MM/DD/YYYY		
4. EMPLOYMENT			
A. USUAL OCCUPATION _____			
B. TYPE OF INDUSTRY OR BUSINESS _____			
5. PLACE OF BIRTH _____			
(CITY, STATE / COUNTRY, IF NOT USA)			
6. FATHER OR PARENT			
A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____			
B. COUNTRY OF BIRTH _____			
7. MOTHER OR PARENT			
A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____			
B. COUNTRY OF BIRTH _____			
8. NUMBER OF THIS MARRIAGE _____			
9. PREVIOUS MARRIAGES			
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY			
DIVORCE: _____	CIVIL ANNULMENT: _____	DEATH: _____	
B. HOW DID LAST MARRIAGE END?    DIVORCE <input type="checkbox"/> (3)    ANNULMENT <input type="checkbox"/> (3)    DEATH <input type="checkbox"/> (2)			
C. DATE LAST MARRIAGE ENDED? _____			
MM/DD/YYYY			
D. ARE ANY FORMER SPOUSE(S) ALIVE?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION			
DATE OF DECREE	PLACE ISSUED	AGAINST WHOM	
(MONTH, DAY, YEAR)	(CITY/COUNTY, STATE/COUNTRY, IF NOT USA)	SELF	SPOUSE
1ST _____		<input type="checkbox"/>	<input type="checkbox"/>
2ND _____		<input type="checkbox"/>	<input type="checkbox"/>
3RD _____		<input type="checkbox"/>	<input type="checkbox"/>
4TH _____		<input type="checkbox"/>	<input type="checkbox"/>

BRIDE/GROOM/SPOUSE			
11. A. FULL NAME _____			
FIRST	MIDDLE	CURRENT SURNAME	
B. BIRTH NAME, IF DIFFERENT _____			
C. SURNAME AFTER MARRIAGE _____			
(OPTIONAL - SEE REVERSE)			
D. SOCIAL SECURITY NUMBER _____			
12. RESIDENCE A. _____		B. _____	
(STATE)		(COUNTY)	
C. CHECK ONE AND SPECIFY     CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/>			
D. STREET ADDRESS _____ ZIP _____			
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
13. A. AGE _____	B. DATE OF BIRTH _____	C. SEX (OPTIONAL) _____	
	MM/DD/YYYY		
14. EMPLOYMENT			
A. USUAL OCCUPATION _____			
B. TYPE OF INDUSTRY OR BUSINESS _____			
15. PLACE OF BIRTH _____			
(CITY, STATE / COUNTRY, IF NOT USA)			
16. FATHER OR PARENT			
A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____			
B. COUNTRY OF BIRTH _____			
17. MOTHER OR PARENT			
A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____			
B. COUNTRY OF BIRTH _____			
18. NUMBER OF THIS MARRIAGE _____			
19. PREVIOUS MARRIAGES			
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY			
DIVORCE: _____	CIVIL ANNULMENT: _____	DEATH: _____	
B. HOW DID LAST MARRIAGE END?    DIVORCE <input type="checkbox"/> (3)    ANNULMENT <input type="checkbox"/> (3)    DEATH <input type="checkbox"/> (2)			
C. DATE LAST MARRIAGE ENDED? _____			
MM/DD/YYYY			
D. ARE ANY FORMER SPOUSE(S) ALIVE?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION			
DATE OF DECREE	PLACE ISSUED	AGAINST WHOM	
(MONTH, DAY, YEAR)	(CITY/COUNTY, STATE/COUNTRY, IF NOT USA)	SELF	SPOUSE
1ST _____		<input type="checkbox"/>	<input type="checkbox"/>
2ND _____		<input type="checkbox"/>	<input type="checkbox"/>
3RD _____		<input type="checkbox"/>	<input type="checkbox"/>
4TH _____		<input type="checkbox"/>	<input type="checkbox"/>

Payment:     Cash \_\_\_\_\_

Check \_\_\_\_\_