

Application for Marriage License

Date of Marriage: _____

County Marriage will be held: _____

Ceremony to be performed by: (check one) Magistrate Minister

If Minister: Name _____ Phone _____

Address _____

Phone numbers:

Groom: Home/Cell _____ **Bride:** Home/Cell _____

Work _____ Work _____

1. GROOM-NAME		FIRST	MIDDLE	LAST			
2a. RESIDENCE-STATE		2b. COUNTY		2c. CITY,TOWN OR LOCATION			2d. INSIDE CITY LIMITS (Specify Yes or No)
2e. STREET AND NUMBER			3. BIRTHPLACE (COUNTY & STATE)		4a. DATE OF BIRTH (Month, Day, Year)		4b. AGE
5a. FATHER'S FULL NAME			5b. STATE OF BIRTH	5c. FULL MAILING ADDRESS			
6a. MOTHER'S FULL MAIDEN NAME			6b. STATE OF BIRTH	6c. FULL MAILING ADDRESS			
7. RACE-(Optional)	8. NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (SPECIFY)		IF PREVIOUSLY MARRIED 9a. LAST MARRIAGE ENDED BY ____ Death, Divorce, or Annulment (Specify)		9b. DATE MONTH/YEAR		10. EDUCATION-SPECIFY <u>HIGHEST</u> GRADE COMPLETED
				ELEMENTARY (0,1,2,3,4...or 8)	HIGH SCHOOL (1,2,3 or 4)	COLLEGE (1,2,3,4 or 5)	AHSD GED
11a. BRIDE-NAME				FIRST	MIDDLE	LAST	
						11b. MAIDEN SURNAME (If Different)	
12a. RESIDENCE-STATE		12b. COUNTY		12c. CITY, TOWN, OR LOCATION			12d. INSIDE CITY LIMITS (Specify Yes or No)
12e. STREET AND NUMBER			13. BIRTHPLACE (COUNTY & STATE)		14a. DATE OF BIRTH (Month, Day, Year)		14b. AGE
15a. FATHER'S FULL NAME			15b. STATE OF BIRTH	15c. FULL MAILING ADDRESS			
16a. MOTHER'S FULL MAIDEN NAME			16b. STATE OF BIRTH	16c. FULL MAILING ADDRESS			
17. RACE-(Optional)	18. NUMBER OF THIS MARRIAGE FIRST,SECOND,ETC. (SPECIFY)		IF PREVIOUSLY MARRIED 19a. LAST MARRIAGE ENDED BY ____ Death, Divorce or Annulment (Specify)		19b. DATE MONTH/YEAR		20. EDUCATION-SPECIFY <u>HIGHEST</u> GRADE COMPLETED
				ELEMENTARY (0,1,2,3,4or 8)	HIGH SCHOOL (1,2,3 or 4)	COLLEGE (1,2,3,4or 5)	AHSD GED