**** PLEASE PRINT ****

APPLICATION FOR MARRIAGE LICENSE

THE LICENSE IS GOOD FOR 60 DAYS.
WHAT DAY IS THE CEREMONY SCHEDULED?_____

1. FULL NAME _____
   (FIRST) (MIDDLE) (LAST)

   IF YOU ARE A FEMALE, WHAT WAS YOUR MAIDEN NAME_____

2. DATE OF BIRTH_____ AGE_____

3. CITY, COUNTY AND STATE WHERE YOU RESIDE:

   _____
   (CITY) (COUNTY) (STATE)

4. PLACE OF BIRTH_____ OR_____
   (STATE) (COUNTRY)

5. SOCIAL SECURITY NUMBER _____-_____-_____

6. RACE / ETHNIC DESCRIPTION: (PLEASE CIRCLE ONE)

   BLACK WHITE ASIAN-AMERICAN NORTH AMERICAN INDIAN

   HISPANIC ASIAN PACIFIC ISLANDER ALASKAN NATIVE OTHER

7. NUMBER OF THIS MARRIAGE: (EXAMPLE 1^{ST}, 2^{ND}, 3^{RD}, ETC.)_____

8. IF YOU WERE PREVIOUSLY MARRIED, PLEASE COMPLETE THE FOLLOWING:

   A. LAST MARRIAGE ENDED BY: (CIRCLE ONE) DIVORCE DEATH ANNULMENT

   B. DATE LAST MARRIAGE ENDED:_____
   (MONTH / DAY / YEAR)

FUTURE MAILING ADDRESS FOR PURPOSE OF SENDING A CERTIFIED COPY OF YOUR MARRIAGE LICENSE TO YOU AFTER THE CEREMONY:

_____
(STREET ADDRESS) (APT#) (CITY) (STATE) (ZIP)

CURRENT PHONE NUMBER (_____) _____ - _____ (_____) _____ - _____
HOME PHONE WORK PHONE