

MARRIAGE LICENSE APPLICATION FORM

Full Name: _____
 (First) (Middle) (Last)

Form of I.D. (please circle one)
Driver's license – Passport – Military I.D. - Certified copy of Birth Certificate – Prison I.D.

Male or Female: (please circle)

Is the above name the name you were born with? _____

If not, please list your birth name: _____

Social Security Number: _____

Date of Birth: _____ **State you were born in:** _____

Race: _____

What number of Marriage will this be for you? _____

Last Marriage ended by: (please circle) Death – Annulment – Divorce

Month & Year last Marriage ended: _____/_____

**Complete Mailing address
after ceremony:** _____

County you reside in: _____

Phone #: _____

Anticipated Wedding Date: _____