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 –

State Issued I.D. - Prison I.D.

Male or Female: (please circle one)

Is the above last name the last 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: _____/_____

Current City_____**State**_____**Zip**_____**County**_____

Complete Mailing address after ceremony:
_____

_____

Phone #: _____

Anticipated Wedding Date: _____