Application for Marriage License (Please print)

Full Name					
	First	Middle	La	Last (Current)	
Last Name after Ma	arriage				
Social Security Num	nber	Sex	_	den Name	
Age Date					
Residence				· · · · · · · · · · · · · · · · · · ·	
	S	treet Address			
City	State	Coun	ty	City/Towr	n/Village of
Employment: Occu	ıpation				
Type of Bu	usiness				
Father's Name					
Father's Country of	Birth				
Mother's First and	Maiden Name				
Mother's Country o	of Birth				
Number of this Ma	rriage Con	tact number: Home	e:		
Former Spouse Still	Alive Y or N	Cell: _			
Address to Mail Cer	rtificate of Marriag	e Registration to:			
Street	Apt No	City/Town		State	Zip
REQUIRED DOCUM	IENTATION: (Clerk	to Complete)			
Proof of Age:	Birth Certificate				
Proof of Identity:	Driver's License	Passp	ort		
Social Security:	Card	Other	·:		
Documented Divor	ce: Yes N	lo			