

Marriage License Application

Date: _____

Phone Number: _____

GROOM'S PERSONAL INFORMATION

Last Name		First Name		Middle Name	Jr or Sr
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Date of Birth		Age	
Place of Birth		Social Security Number		Driver's License Number	
Race	Occupation		Employer		
Mailing Address: Including the County					
Physical Address if Different					
Highest Grade Completed		Years of College			
Times Married		Date Last Marriage Ended		Ended by: <input type="checkbox"/> Divorce or <input type="checkbox"/> Death	
Father's Full Name			Mother's Full Maiden Name		
Father's Address (including city/state/zip)			Mother's Address (including city/state/zip)		

BRIDE'S PERSONAL INFORMATION

Last Name		First Name		Middle Name	Maiden Name
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Date of Birth		Age	
Place of Birth		Social Security Number		Driver's License Number	
Race	Occupation		Employer		
Mailing Address: Including the County					
Physical Address if Different					
Highest Grade Completed		Years of College			
Times Married		Date Last Marriage Ended		Ended by: <input type="checkbox"/> Divorce or <input type="checkbox"/> Death	
Father's Full Name			Mother's Full Maiden Name		
Father's Address (including city/state/zip)			Mother's Address (including city/state/zip)		