

APPLICATION FOR MARRIAGE LICENSE

COUNTY OF BANKS

STATE FILE NO. _____
COUNTY NO. _____

PERSONAL PARTICULARS	CONTRACTING PARTIES								
	APPLICANT 1			APPLICANT 2					
FULL NAME (MAIDEN NAME IF APPLICABLE)									
STREET ADDRESS									
CITY									
COUNTY, STATE, ZIP				IN CITY LIMITS					
AGE LAST BIRTHDATE	AGE	DATE OF BIRTH	RACE	SEX	AGE	DATE OF BIRTH	RACE	SEX	IN CITY LIMITS
DATE OF BIRTH/RACE/SEX									
BIRTHPLACE: COUNTY / STATE									
ANY RELATION TO EACH OTHER									
MAILING ADDRESS (JUST ONE)									
DESIGNATED SURNAME									
NUMBER OF PREVIOUS MARRIAGES									
IF PREVIOUSLY MARRIED									
HOW DISOLVED (DIVORCE/DECEASED)									
UPON WHAT GROUNDS									
FINAL DECREE/DECEASED DATE									
COUNTY AND STATE									
FATHER'S NAME									
FATHER'S BIRTHPLACE (STATE)									
MOTHER'S NAME (INCLUDING MAIDEN)									
MOTHER'S BIRTHPLACE (STATE)									
YOUR PHONE NUMBER									
MARRIAGE DATE, CITY, COUNTY									
YOU HAVE TOGETHER COMPLETED A PREMARRITAL EDUCATION COURSE PURSUANT TO CODE SECTION 19-3-30.1									

I HEREBY CERTIFY THAT THE FOREGOING ANSWERS WERE MADE UNDER OATH AND SUBSCRIBED BEFORE ME BY BOTH OF THE CONTRACTING PARTIES.
THIS _____ DAY OF _____, _____

APPLICANT _____

APPLICANT _____

SIGNATURE OF PROBATE JUDGE/CLERK _____