

APPLICATION FOR MARRIAGE LICENSE

COUNTY OF BANKS

STATE FILE NO. _____
COUNTY NO. _____

PERSONAL PARTICULARS	CONTRACTING PARTIES				
	APPLICANT 1			APPLICANT 2	
FULL NAME					
LAST NAME AT BIRTH					
STREET ADDRESS					
CITY					
COUNTY, STATE, ZIP					
AGE LAST BIRTHDATE	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 MADDEN)					
MOTHER'S BIRTHPLACE (STATE)					
YOUR PHONE NUMBER					
MARRIAGE DATE, CITY, COUNTY					
YOU HAVE TOGETHER COMPLETED A PREMARITAL 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 _____

SIGNATURE OF PROBATE JUDGE/CLERK _____

APPLICANT _____