

APPLICATION FOR MARRIAGE LICENSE

| PERSONAL INFORMATION | GROOM | BRIDE |
|---------------------------------|-----------------------------|-----------------------------|
| FULL NAME | | |
| STREET ADDRESS | | |
| CITY | IN CITY LIMITS | IN CITY LIMITS |
| STATE, ZIP, COUNTY | | |
| AGE, DOB, RACE AND SEX | | |
| BIRTHPLACE COUNTY/STATE | | |
| RELATION TO EACH OTHER | YES OR NO | YES OR NO |
| MAILING ADDRESS | | |
| DESIGNATED SURNAME | | |
| NUMBER OF PREVIOUS MARRIAGES | | |
| IF PREV MARRIED, HOW DISSOLVED? | | |
| UPON WHAT GROUNDS | | |
| FINAL DECREE/DECEASED DATE | | |
| COUNTY AND STATE | | |
| FATHERS NAME | | |
| FATHERS BIRTHPLACE (STATE) | | |
| MOTHERS MAIDEN FULL NAME | | |
| MOTHERS BIRTHPLACE (STATE) | | |
| PHONE NUMBER | | |
| MARRIAGE DATE, CITY & COUNTY | | |
| PREMARITAL COURSE? | | |