



MARRIAGE LICENSE APPLICATION

PRINT CLEARLY

Full Legal Name: _____
First Middle Last

Social Security Number: XXX-XX-_____
Last 4 SSN (If no SSN, notify staff)

() - Residential Address: _____
Mobile Phone Number Number/Street City State Zip

Mailing Address (only if different): _____
P.O. Box/Number/Street City State Zip

PARENT INFORMATION REQUIRED FOR ALL APPLICANTS!

Parent 1/Legal Guardian: _____ City & State: _____
First Middle Maiden Last (CURRENT RESIDENCE) DECEASED UNKNOWN

Parent 2/Legal Guardian: _____ City & State: _____
First Middle Maiden Last (CURRENT RESIDENCE) DECEASED UNKNOWN

Gender: M F Non-Binary Last name at birth (if different): _____ City & State (or Nation) of Birth: _____
 Single/Never Married

Birth Date: ___/___/___ Present Status: Married-Common Law Married-Renewing Vows Divorced Widowed

Only if you have been Divorced or Widowed:

If Divorced: Date Finalized: ___/___/___ City & State of Court: _____ Type of Court: _____

Previous last married name: _____
If Widowed: Date of Death: ___/___/___ City & State Where Deceased Passed Away: _____



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