Marriage License Number:_____

APPLICANT _____

Name:_____
Last **First** **Middle** **(if applicable) Maiden**

Address:_____
Street **City**

_____
State **ZIP** **County**

Phone Number: _____

Age:_____ **Date of Birth**_____ **Social Security No.**_____

Place of Birth:_____
County, if known **State (or foreign country)**

Occupation/Job Title: _____

Father's Full Name:_____

Mother's Full Name Before Marriage:_____

Number of previous marriages: _____ **Most recent marriage ended via**
____ divorce **____ dissolution** **____ death**

County and State of Divorce: _____

Case Number: _____ **Date previous marriage ended:** _____

Previous Spouse's Name: _____

Names & Dates of Birth of
Minor Children from previous marriage:_____

_____

_____

Who will be performing the ceremony?_____
Is he or she licensed to perform marriages in the State of Ohio?_____
What is their title: (ex: Pastor, Minister, Rev., Bishop) _____

What date do you plan to be married?_____**(Note: Your license expires in 60 days.)**

NOTE: We will send you a certified copy of your marriage certificate as soon as it is available. Please list the address where the certified copy should be sent: (PLEASE GIVE US AN ADDRESS THAT IS ABLE TO ACCEPT MAIL AFTER YOU ARE MARRIED)

_____
House & Street **City** **State** **Zip**