

APPLICANT 2

Social Security No. _____

Name: _____
Last First Middle (if applicable) Maiden

Address: _____
House & Street City State Zip Code

County of Your Current Residence: _____

Phone Number () _____

Age: _____ Date of Birth _____

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

Occupation: _____

Father's Name: _____ Dead? Yes or No

Mother's Full Name Before Marriage: _____ Dead? Yes or No

Number of times you were previously married: _____

Please circle one: Widowed -(_____ DOD _____) or Divorced
Name

*****Information regarding your last marriage and Divorce/Dissolution:*****

<u>Names of Parties</u>	<u>Names & Dates of Birth of Minor Children of this Marriage</u>	<u>County of Divorce, Case No., & Date of Final Decree</u>
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Who will be performing the marriage? _____

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 THE ADDRESS YOU WILL BE LIVING AT AFTER YOU ARE MARRIED)

_____ House & Street City State Zip