APPLICANT 2

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**_____

Social Security No._____

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

Occupation/Job Title: _____

Father's Name:_____

Mother's Full Name Before Marriage:_____

Number of times you were previously married:_____

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

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

Names of Parties	Names & Dates of Birth of Minor Children of this Marriage	County of Divorce, Case No., & Date of Final Decree

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**