

Marriage License Number _____

APPLICANT _____

Name: _____

First

Middle

Last

Maiden (if applicable)

Current

address: _____

Street

City State ZIP County

Date of Birth: _____ Age: _____ SSN: _____

Location of birth: _____

City

County

State

Country

Phone number: _____ Occupation: _____

Father's full

name: _____

First

Middle

Last

Mother's full

name: _____

First

Middle

Maiden Last

Number of prior marriages: _____ Most recent ending via
divorce ☐ dissolution ☐ or death ☐

State and County of Divorce: _____

Case Number: _____ Date of marriage
termination or death: _____

Name of most recent spouse: _____

First names and ages of minor children

from most recent marriage: _____

Name of Officiant: _____

Planned date of marriage: _____

Mailing Address after

marriage: _____

Marriage License Number _____

APPLICANT _____

Name: _____

First

Middle

Last

Maiden (if applicable)

Current address: _____

Street

City State ZIP County

Date of Birth: _____ Age: _____ SSN: _____

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Phone number: _____ Occupation: _____

Father's full name: _____

First

Middle

Last

Mother's full name: _____

First

Middle

Maiden Last

Number of prior marriages: _____ Most recent ending via
divorce ☐ dissolution ☐ or death ☐

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from most recent marriage: _____

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Planned date of marriage: _____

**Mailing Address after
marriage:** _____