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/ <u>Job Title</u> :			
Father's Full Name:			
Mother's <u>Full Name Before Marr</u>	iage:		
Number of previous marriages: _		recent marriage ended via livorce dissolutio	
County and State of Divorce:			
Case Number:		Date previous marriage en	nded:
Previous Spouse's Name:			
Names & Dates of Birth of Minor Children from previous m	arriage:		
Who will be performing the ceren Is he or she licensed to perform r What is their title: (ex: Pastor, Mi	narriages i	n the State of Ohio?	
What date do you plan to be mar	ried?	(Note: Your license e	xpires in 60 days.)
NOTE: We will send you a certifi Please list the address where the ADDRESS THAT IS ABLE TO AC	certified c	opy should be sent: (PLEA	SE GIVE US AN