

MARRIAGE APPLICATION WORKSHEET

Phone Number: _____ Address to send license to: _____

BRIDE/GROOM/SPOUSE	BRIDE/GROOM/SPOUSE
1. A. FULL NAME FIRST _____ MIDDLE _____ CURRENT SURNAME _____	11. A. FULL NAME FIRST _____ MIDDLE _____ CURRENT SURNAME _____
B. BIRTH NAME, IF DIFFERENT _____	B. BIRTH NAME, IF DIFFERENT _____
C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE) _____	C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE) _____
D. SOCIAL SECURITY NUMBER _____	D. SOCIAL SECURITY NUMBER _____
2. RESIDENCE A. _____ B. _____ (STATE) (COUNTY)	12. RESIDENCE A. _____ B. _____ (STATE) (COUNTY)
C. CHECK ONE AND SPECIFY CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/>	C. CHECK ONE AND SPECIFY CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/>
D. STREET ADDRESS _____ ZIP _____	D. STREET ADDRESS _____ ZIP _____
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES <input type="checkbox"/> NO <input type="checkbox"/>	E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES <input type="checkbox"/> NO <input type="checkbox"/>
3. A. AGE _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____ MM/DD/YYYY	13. A. AGE _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____ MM/DD/YYYY
4. EMPLOYMENT A. USUAL OCCUPATION _____ B. TYPE OF INDUSTRY OR BUSINESS _____	14. EMPLOYMENT A. USUAL OCCUPATION _____ B. TYPE OF INDUSTRY OR BUSINESS _____
5. PLACE OF BIRTH _____ (CITY, STATE / COUNTRY, IF NOT USA)	15. PLACE OF BIRTH _____ (CITY, STATE / COUNTRY, IF NOT USA)
6. FATHER OR PARENT A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____ B. COUNTRY OF BIRTH _____	16. FATHER OR PARENT A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____ B. COUNTRY OF BIRTH _____
7. MOTHER OR PARENT A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____ B. COUNTRY OF BIRTH _____	17. MOTHER OR PARENT A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____ B. COUNTRY OF BIRTH _____
8. NUMBER OF THIS MARRIAGE _____	18. NUMBER OF THIS MARRIAGE _____
9. PREVIOUS MARRIAGES A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____	19. PREVIOUS MARRIAGES A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____
B. HOW DID LAST MARRIAGE END? DIVORCE <input type="checkbox"/> (s) ANNULMENT <input type="checkbox"/> (s) DEATH <input type="checkbox"/> (s)	B. HOW DID LAST MARRIAGE END? DIVORCE <input type="checkbox"/> (s) ANNULMENT <input type="checkbox"/> (s) DEATH <input type="checkbox"/> (s)
C. DATE LAST MARRIAGE ENDED? _____ MM/DD/YYYY	C. DATE LAST MARRIAGE ENDED? _____ MM/DD/YYYY
D. ARE ANY FORMER SPOUSE(S) ALIVE? YES <input type="checkbox"/> NO <input type="checkbox"/>	D. ARE ANY FORMER SPOUSE(S) ALIVE? YES <input type="checkbox"/> NO <input type="checkbox"/>
10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION DATE OF DECREE _____ PLACE ISSUED _____ AGAINST WHOM (MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE	20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION DATE OF DECREE _____ PLACE ISSUED _____ AGAINST WHOM (MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE
1ST _____ <input type="checkbox"/> <input type="checkbox"/>	1ST _____ <input type="checkbox"/> <input type="checkbox"/>
2ND _____ <input type="checkbox"/> <input type="checkbox"/>	2ND _____ <input type="checkbox"/> <input type="checkbox"/>
3RD _____ <input type="checkbox"/> <input type="checkbox"/>	3RD _____ <input type="checkbox"/> <input type="checkbox"/>
4TH _____ <input type="checkbox"/> <input type="checkbox"/>	4TH _____ <input type="checkbox"/> <input type="checkbox"/>

SIGNATURE _____
USE CURRENT NAME

SIGNATURE _____
USE CURRENT NAME

Staff Use Only

- BRIDE/GROOM/SPOUSE**
- Proof of Age:
 _____ Birth Certificate w/raised seal
 _____ Infant Baptismal Record
 _____ Naturalization Record
 _____ Census Record
- Proof of Identity:
 _____ Driver's License/Non Driver's ID
 _____ Passport
 _____ Employment Photo ID
 _____ Immigration Record
- Proof of Divorce/Death of Spouse (if needed)
 _____ Death Certificate(s)
 _____ Judgment(s) of Divorce

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 _____ Naturalization Record
 _____ Census Record
- Proof of Identity:
 _____ Driver's License/Non-Driver's ID
 _____ Passport
 _____ Employment Photo ID
 _____ Immigration Record
- Proof of Divorce/Death of Spouse (if needed)
 _____ Death Certificate(s)
 _____ Judgment(s) of Divorce

Staff Initials: _____ Date Proof Checked: _____