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Marriage License Application

APPLICANT #1 INFORMATION	_____				
	First Name	Middle	Last	Maiden Name <u>or</u> Suffix (Jr, Sr, etc)	Birth State

	Parent #1 First Name	Middle	Last	Maiden Name <u>or</u> Suffix (Jr, Sr, etc)	Birth State

	Parent #2 First Name	Middle	Last	Maiden Name <u>or</u> Suffix (Jr, Sr, etc)	Birth State

Street Address		City / State / ZIP		County	

Birth Date	Age	Social Security #	Telephone Number		

<u>M / F</u>	_____	<u>Bride / Groom / Partner</u>	_____	_____	
Gender	Race	Circle One Designation	Highest Grade Completed (1-12)	# College Years Completed	

# of marriages (including this one)		Date previous marriage ended (mm/dd/yyyy)		[<input type="checkbox"/>] Divorce [<input type="checkbox"/>] Death [<input type="checkbox"/>] Annulment	
				How did your previous marriage end?	

APPLICANT #2 INFORMATION	_____				
	First Name	Middle	Last	Maiden Name <u>or</u> Suffix (Jr, Sr, etc)	Birth State

	Parent #1 First Name	Middle	Last	Maiden Name <u>or</u> Suffix (Jr, Sr, etc)	Birth State

	Parent #2 First Name	Middle	Last	Maiden Name <u>or</u> Suffix (Jr, Sr, etc)	Birth State

Street Address		City / State / ZIP		County	

Birth Date	Age	Social Security #	Telephone Number		

<u>M / F</u>	_____	<u>Bride / Groom / Partner</u>	_____	_____	
Gender	Race	Circle One Designation	Highest Grade Completed (1-12)	# College Years Completed	

# of marriages (including this one)		Date previous marriage ended (mm/dd/yyyy)		[<input type="checkbox"/>] Divorce [<input type="checkbox"/>] Death [<input type="checkbox"/>] Annulment	
				How did your previous marriage end?	

[] We are submitting a notarized Certificate of Completion Form (BK434-062804) for pre-marital counseling in order to pay a discounted fee of \$47.50.

[] We are not submitting a notarized Certificate of Completion Form (BK434-062804) for pre-marital counseling, and will pay the full fee of \$107.50.

* Acceptable forms of payment are cash, Master Card/VISA/Discover/American Express. The processing fee for card use is 2.25% of the total cost, plus 25¢.

Address after marriage: _____

My signature below certifies that the information made on this application are true and correct and that I have not knowingly and willfully made false statements in this application. I understand this license must be used within the next thirty (30) days or it becomes null and void:

Applicant #1 Signature _____ Applicant #2 Signature _____