

# MARRIAGE LICENSE WORKSHEET

(Please leave at least 20 minutes to complete the licensing process)

Date: \_\_\_\_\_

Location of ceremony: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_  
(Date of this application must be within 65 days of the date of marriage)

Contact phone # for Bride/Groom/Spouse: \_\_\_\_\_

Person performing the ceremony: \_\_\_\_\_ Phone \_\_\_\_\_

Fees for License: (Payable by check or cash only) \$50.00 Marriage License, \$20.00 Certified copy

Number of copies requested: \_\_\_\_\_ Total amount paid : \_\_\_\_\_

Address to send certified copy to: \_\_\_\_\_

Date copies sent: \_\_\_\_\_

## SPOUSE

## SPOUSE

NAME (First) (Middle) (Last)			NAME (First) (Middle) (Last)		
SEX	DATE OF BIRTH (Mo., Day, Year)		AGE		
BIRTHPLACE		EDUCATION (No. Yrs. Completed)			
		GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)	
RESIDENCE (No. and Street)			RESIDENCE (No. and Street)		
CITY OR TOWN		COUNTY	STATE		
		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO			
FATHER'S NAME			FATHER'S NAME		
MOTHER'S FULL MAIDEN NAME			MOTHER'S FULL MAIDEN NAME		
FATHER'S BIRTHPLACE (State or Foreign Country)		MOTHER'S BIRTHPLACE (State or Foreign Country)			
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS			
		1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION			
LAST RELATIONSHIP ENDED BY:			LAST RELATIONSHIP ENDED BY:		
1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT			1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT		
4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER			4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER		
SOCIAL SECURITY # OF GROOM/SPOUSE			SOCIAL SECURITY # OF BRIDE/SPOUSE		