

MARRIAGE LICENSE OATH AND APPLICATION

Please Print:

FULL Legal Name _____
(First) (Middle) (Last) (Maiden, if previously married)

Home Street Address: _____

City: _____ State _____ Zip Code: _____ County: _____

NEW MAILING ADDRESS _____
(include City, State, and Zip code):

Social Security No. _____ Race: _____

State of Birth: _____ Date of Birth: _____ Age: _____

Father's FULL Name: _____

Father's STATE of Birth: _____

Mother's MAIDEN Name: _____
(First) (Middle) (Maiden)

Mother's STATE of Birth: _____

Are You a High School Graduate? Yes ___ No ___ Number of Years of College _____
If No What Grade Did You Complete? _____

Number of this Marriage: 1 2 3 4 5

Termination of Last Marriage: Death Divorce Month ___ Day: ___ Year: ___

Planned Date of your Marriage: _____

Planned Place of your Marriage, City: _____ County: _____

Name of Person to Perform Marriage: _____
(TITLE)

I DO SOLEMNLY SWEAR THAT THE ABOVE INFORMATION IS TRUE ACCORDING TO MY BEST KNOWLEDGE, THAT I AM SINGLE AND UNMARRIED AND MAY LAWFULLY CONTRACT AND BE JOINED IN MARRIAGE; THAT I AM NOT RELATED TO: _____ (Name of person you are marrying) WITHIN THE FIFTH DEGREE OF CONSANGUINITY.

Applicant's Written Signature

ATTENTION VOTERS

Changing your name or address requires re-registration to vote. Would you like a
Voter Registration Form today: Yes _____ No _____