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 _____
(**Where you would like your certified copies mailed? Include Address, Apt. #, 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 FULL 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: _____
(Name) (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: _____
WITHIN BUT NOT INCLUDING THE FIFTH DEGREE OF CONSANGUINITY. **(Name of person marrying)**

_____
Applicant's Signature

ATTENTION VOTERS

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