

MARRIAGE LICENSE OATH AND APPLICATION

Please Print:

FULL Legal Name _____
First Middle Last

(Maiden, if previously married) Telephone Number: _____

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: _____

City of Birth: _____ County of Birth: _____ State of Birth _____

Date of Birth: _____ Age: _____ Gender: M F

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: _____

Father's FULL Name: _____

City of Birth: _____ State of Birth: _____ County of Birth: _____

Mother's FULL Name: _____

(First) (Middle) (Maiden)
City of Birth: _____ State of Birth: _____ County of Birth: _____

Planned Date of your Marriage: _____ (No more than 30 Days out)

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 _____