

Oath _____
 Paid _____

Department of Public Health
MARRIAGE LICENSE WORKSHEET

Telephone Number _____

Date Applied _____

GROOM / SPOUSE				BRIDE / SPOUSE			
			ID Shown <input type="checkbox"/>				ID Shown <input type="checkbox"/>
NAME (First) (Middle) (Last)				NAME (First) (Middle) (Last)			
SEX	DATE OF BIRTH (Month, Day, Year)		AGE	SEX	DATE OF BIRTH (Month, Day, Year)		AGE
BIRTHPLACE		EDUCATION (Number Years Completed)		BIRTHPLACE		EDUCATION (Number Years Completed)	
		GRADES 1-8	GRADES 9-12	COLLEGE			GRADES 1-8
		#	#	#			#
RESIDENCE (Number & Street)				RESIDENCE (Number & Street)			
CITY OR TOWN		COUNTY	STATE	CITY OR TOWN		COUNTY	STATE
RACE		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR		RACE		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR	
		___ YES ___ NO				___ YES ___ NO	
FATHER'S NAME (First, Middle, Last)				FATHER'S NAME (First, Middle, Last)			
MOTHER'S MAIDEN NAME (First, Middle, Last)				MOTHER'S MAIDEN NAME (First, Middle, Last)			
FATHER'S BIRTHPLACE (State or Foreign Country)		MOTHER'S BIRTHPLACE (State or Foreign Country)		FATHER'S BIRTHPLACE (State or Foreign Country)		MOTHER'S BIRTHPLACE (State or Foreign Country)	
# OF MARRIAGES INCL. THIS ONE	NUMBER OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS		# OF MARRIAGES INCL. THIS ONE	NUMBER OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS	
		___ MARRIAGE ___ CIVIL UNION				___ MARRIAGE ___ 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			
GROOM / SPOUSE - SOCIAL SECURITY #				BRIDE / SPOUSE - SOCIAL SECURITY #			

*** THE LICENSE WILL ONLY BE VALID FOR 65 DAYS AFTER THE DATE OF APPLICATION ***

*** For Office Use Only ***

Date of Marriage _____

License Paid: ___ \$ _____

Place of Marriage _____

Cert Copy: ___ \$ _____ Total \$ _____

Mail to Address: