

Today's Date _____ Marriage Date _____ License Exp. Date _____ \$50.00 Fee Paid

Name of Church _____
 Or _____
 Name and Phone # of Person Performing the Ceremony _____

Groom/Spouse

Bride/Spouse

Name (First) _____ (Middle) _____ (Last) _____		Name (First) _____ (Middle) _____ (Last) _____	
Sex _____	Date of Birth _____	Age _____	Sex _____
Birthplace (State or Country) _____	Grade School 1 2 3 4 5 6 7 8	High School 1 2 3 4	College 1 2 3 4 5+
	Residence (No. and Street) _____		
City or Town _____	County _____	State _____	City or Town _____
Race _____	Do you have a guardian or conservator? <input type="checkbox"/> Yes <input type="checkbox"/> No		Race _____
Father's Name (First, Last) _____		Father's Name (First, Last) _____	
Mother's Name (First, Maiden Last) _____		Mother's Name (First, Maiden Last) _____	
Father's Birthplace (State or Foreign Country) _____	Mother's Birthplace (State or Foreign Country) _____		Father's Birthplace (State or Foreign Country) _____
No. of this Marriage 1 2 3 4	No. of Civil Unions 0 1 2 3	If previously in Marriage or Civil Union, Last Relationship was <input type="checkbox"/> Marriage <input type="checkbox"/> Civil Union	No. of this Marriage 1 2 3 4
		No. of Civil Unions 0 1 2 3	
Last Relationship Ended By: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment			Last Relationship Ended By: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment
<input type="checkbox"/> Previous Civil Union did not End. Marrying Civil Union Partner		<input type="checkbox"/> Previous Civil Union did not End. Marrying Civil Union Partner	
Social Security # _____		Social Security # _____	

Phone # _____

Phone # _____