

# MARRIAGE APPLICATION WORKSHEET

Phone Number: \_\_\_\_\_ Address to send license to: \_\_\_\_\_

BRIDE/GROOM/SPOUSE	BRIDE/GROOM/SPOUSE
1. A. FULL NAME FIRST _____ MIDDLE _____ CURRENT SURNAME _____	11. A. FULL NAME FIRST _____ MIDDLE _____ CURRENT SURNAME _____
B. BIRTH NAME, IF DIFFERENT _____	B. BIRTH NAME, IF DIFFERENT _____
C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE) _____	C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE) _____
D. SOCIAL SECURITY NUMBER _____	D. SOCIAL SECURITY NUMBER _____
2. RESIDENCE A. _____ B. _____ (STATE) (COUNTY)	12. RESIDENCE A. _____ B. _____ (STATE) (COUNTY)
C. CHECK ONE AND SPECIFY CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/>	C. CHECK ONE AND SPECIFY CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/>
D. STREET ADDRESS _____ ZIP _____	D. STREET ADDRESS _____ ZIP _____
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES <input type="checkbox"/> NO <input type="checkbox"/>	E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES <input type="checkbox"/> NO <input type="checkbox"/>
3. A. AGE _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____ MM/DD/YYYY	13. A. AGE _____ B. DATE OF BIRTH _____ C. SEX (OPTIONAL) _____ MM/DD/YYYY
4. EMPLOYMENT A. USUAL OCCUPATION _____ B. TYPE OF INDUSTRY OR BUSINESS _____	14. EMPLOYMENT A. USUAL OCCUPATION _____ B. TYPE OF INDUSTRY OR BUSINESS _____
5. PLACE OF BIRTH _____ (CITY, STATE / COUNTRY, IF NOT USA)	15. PLACE OF BIRTH _____ (CITY, STATE / COUNTRY, IF NOT USA)
6. FATHER OR PARENT A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____ B. COUNTRY OF BIRTH _____	16. FATHER OR PARENT A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____ B. COUNTRY OF BIRTH _____
7. MOTHER OR PARENT A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____ B. COUNTRY OF BIRTH _____	17. MOTHER OR PARENT A. NAME (OR MAIDEN NAME, IF APPLICABLE) _____ B. COUNTRY OF BIRTH _____
8. NUMBER OF THIS MARRIAGE _____	18. NUMBER OF THIS MARRIAGE _____
9. PREVIOUS MARRIAGES A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE: _____ CIVIL ANNULLMENT: _____ DEATH: _____	19. PREVIOUS MARRIAGES A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE: _____ CIVIL ANNULLMENT: _____ DEATH: _____
B. HOW DID LAST MARRIAGE END? DIVORCE <input type="checkbox"/> (1) ANNULMENT <input type="checkbox"/> (2) DEATH <input type="checkbox"/> (2)	B. HOW DID LAST MARRIAGE END? DIVORCE <input type="checkbox"/> (1) ANNULMENT <input type="checkbox"/> (2) DEATH <input type="checkbox"/> (2)
C. DATE LAST MARRIAGE ENDED? _____ MM/DD/YYYY	C. DATE LAST MARRIAGE ENDED? _____ MM/DD/YYYY
D. ARE ANY FORMER SPOUSE(S) ALIVE? YES <input type="checkbox"/> NO <input type="checkbox"/>	D. ARE ANY FORMER SPOUSE(S) ALIVE? YES <input type="checkbox"/> NO <input type="checkbox"/>
10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION DATE OF DECREE _____ PLACE ISSUED _____ AGAINST WHOM (MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE	20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION DATE OF DECREE _____ PLACE ISSUED _____ AGAINST WHOM (MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE
1ST _____ <input type="checkbox"/> <input type="checkbox"/>	1ST _____ <input type="checkbox"/> <input type="checkbox"/>
2ND _____ <input type="checkbox"/> <input type="checkbox"/>	2ND _____ <input type="checkbox"/> <input type="checkbox"/>
3RD _____ <input type="checkbox"/> <input type="checkbox"/>	3RD _____ <input type="checkbox"/> <input type="checkbox"/>
4TH _____ <input type="checkbox"/> <input type="checkbox"/>	4TH _____ <input type="checkbox"/> <input type="checkbox"/>

SIGNATURE \_\_\_\_\_  
USE CURRENT NAME

SIGNATURE \_\_\_\_\_  
USE CURRENT NAME

## Staff Use Only

### BRIDE/GROOM/SPOUSE

Proof of Age:

- \_\_\_\_\_ Birth Certificate w/raised seal
- \_\_\_\_\_ Infant Baptismal Record
- \_\_\_\_\_ Naturalization Record
- \_\_\_\_\_ Census Record

Proof of Identity:

- \_\_\_\_\_ Driver's License/Non Driver's ID
- \_\_\_\_\_ Passport
- \_\_\_\_\_ Employment Photo ID
- \_\_\_\_\_ Immigration Record

Proof of Divorce/Death of Spouse (if needed)

- \_\_\_\_\_ Death Certificate(s)
- \_\_\_\_\_ Judgment(s) of Divorce

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Proof of Divorce/Death of Spouse (if needed)

- \_\_\_\_\_ Death Certificate(s)
- \_\_\_\_\_ Judgment(s) of Divorce

Staff Initials: \_\_\_\_\_ Date Proof Checked: \_\_\_\_\_