

# APPLICATION FOR MARRIAGE LICENSE



License Number (For Office Use Only)

**All fields must be completed**

<b>Partner A</b>	PARTNER TYPE: <input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> Spouse			USUAL OCCUPATION:			
	NAME - First		Middle		Last		Last Name on Birth Record
	RESIDENCE - Street Address			City or Town	County	State	
	DATE OF BIRTH (mm/dd/yy)		AGE	GENDER	BIRTHPLACE (State/Country)	Social Security Number	
	This legal union will be my:	(1st, 2nd, etc.)	If prior marriage or civil union, complete next sections →	Specify How Ended (Dissolution, Divorce, Death, etc.)	Specify When (mm/dd/yy)	Specify Where (County & State)	
	PARENT'S NAME (First, Middle, Current Last & Last Name at Birth)				BIRTHPLACE (State/Country)	CURRENT ADDRESS	
	PARENT'S NAME (First, Middle, Current Last & Last Name at Birth)				BIRTHPLACE (State/Country)	CURRENT ADDRESS	
<b>Vital Statistics</b>							
	RACE: <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Black / African American <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native American / American Indian <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Other →				EDUCATION <span style="float: right;">Elementary or Secondary      College</span> Indicate highest grade completed: _____		
					If Hispanic, please specify: (Cuban, Mexican, etc.)		
<b>Partner B</b>	PARTNER TYPE: <input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> Spouse			USUAL OCCUPATION:			
	NAME - First		Middle		Last		Last Name on Birth Record
	RESIDENCE - Street Address			City or Town	County	State	
	DATE OF BIRTH (mm/dd/yy)		AGE	GENDER	BIRTHPLACE (State/Country)	Social Security Number	
	This legal union will be my:	(1st, 2nd, etc.)	If prior marriage or civil union, complete next sections →	Specify How Ended (Dissolution, Divorce, Death, etc.)	Specify When (mm/dd/yy)	Specify Where (County & State)	
	PARENT'S NAME (First, Middle, Current Last & Last Name at Birth)				BIRTHPLACE (State/Country)	CURRENT ADDRESS	
	PARENT'S NAME (First, Middle, Current Last & Last Name at Birth)				BIRTHPLACE (State/Country)	CURRENT ADDRESS	
<b>Vital Statistics</b>							
	RACE: <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Black / African American <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native American / American Indian <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Other →				EDUCATION <span style="float: right;">Elementary or Secondary      College</span> Indicate highest grade completed: _____		
					If Hispanic, please specify: (Cuban, Mexican, etc.)		
	ARE PARTIES RELATED TO EACH OTHER? <input type="checkbox"/> Yes <input type="checkbox"/> No      If parties are related, specify relationship:						