

This is NOT Marriage License

**This is a WORKSHEET to assist
you in obtaining a license**

DATE OF APPLICATION: _____

DATE OF WEDDING: _____
WEDDING LOCATION: _____

SPOUSE ONE

SPOUSE TWO

NAME (First) (Middle) (Last)			NAME (First) (Middle) (Last)		
SEX	DATE OF BIRTH (Mo., Day, Year)	AGE	SEX	DATE OF BIRTH (Mo., Day, Year)	AGE
BIRTHPLACE		EDUCATION (No. Yrs. Completed) GRADES 1-8 GRADES 9-12 COLLEGE (1-5+)	BIRTHPLACE		EDUCATION (No. Yrs. Completed) GRADE S 1-8 GRADES 9-12 COLLEGE (1-5+)
RESIDENCE (No. and Street)			RESIDENCE (No. and Street)		
CITY OR TOWN	COUNTY	STATE	CITY OR TOWN	COUNTY	STATE
SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO			SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO		
FATHER/PARENT FIRST & LAST NAME PRIOR TO FIRST MARRIAGE			FATHER/PARENT FIRST & LAST NAME PRIOR TO FIRST MARRIAGE		
MOTHER/PARENT FIRST & LAST NAME PRIOR TO FIRST MARRIAGE			MOTHER/PARENT FIRST & LAST NAME PRIOR TO FIRST MARRIAGE		
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)	
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION	NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION
LAST RELATIONSHIP ENDED BY: 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			LAST RELATIONSHIP ENDED BY: 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		
PHONE # OF SPOUSE ONE:			PHONE NUMBER # OF SPOUSE TWO:		
SOCIAL SECURITY # OF SPOUSE ONE:			SOCIAL SECURITY # OF SPOUSE TWO:		
<u>OFFICIATOR INFORMATION</u>					
OFFICIATOR'S NAME (FIRST)		OFFICIATOR'S NAME (LAST)			
OFFICIATOR'S ADDRESS				OFFICIATOR'S Phone #	
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:			DATE OF MARRIAGE:		