



# MARRIAGE LICENSE APPLICATION

**PRINT CLEARLY**

Full Legal Name: \_\_\_\_\_  
 First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Social Security Number: XXX-XX-  
 (If no SSN, notify staff) \_\_\_\_\_  
 Last 4 of SSN \_\_\_\_\_

Residential Address: \_\_\_\_\_  
 Number/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 (\_\_\_\_\_) \_\_\_\_\_ -  
 Mobile Phone Number \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 (if different) \_\_\_\_\_  
 PO Box/ Number/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**PARENT INFORMATION REQUIRED FOR ALL APPLICANTS!**

Parent 1/Legal Guardian: \_\_\_\_\_  
 First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_ Last \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 (CURRENT RESIDENCE) \_\_\_\_\_  
 DECEASED  
 UNKNOWN

Parent 2/Legal Guardian: \_\_\_\_\_  
 First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_ Last \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 (CURRENT RESIDENCE) \_\_\_\_\_  
 DECEASED  
 UNKNOWN

Gender:  M  F  Non-Binary

Current Marital Status:  Single/Never Married  Widowed  Divorced

Civil Union  Married Common Law  Married (Renewing Vows)

Last name at birth (if different): \_\_\_\_\_

If Widowed: Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

City & State Where Deceased Passed Away: \_\_\_\_\_

City & State (Nation) of Birth: \_\_\_\_\_

If Divorced: Date Finalized: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Previous last married name: \_\_\_\_\_

City & State of Court: \_\_\_\_\_

Court of Divorce (District/Superior/Circuit/Family): \_\_\_\_\_



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 DECEASED  
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Are Parties Related?  Yes  No