## **INFORMATION**

NAMES:		
LICENSE #:	(County Clerk will fill this in)	
DATE OF APPLICATION:		
COUNTY TO BE MARRIED IN:		
CLERGYMAN OR OFFICIAL PERFORMING CEREMONY:		
NAME AND ADDRESS OF CHURCH:		
DATE OF MARRIAGE:		
CONSENT FORM ATTACH:		
PROOFS OF IDENTIFICATION:		
CONTACT NUMBERS		
OTHER INFORMATION:		
,		
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## MARRIAGE WORKSHEET

APPLICANT	NAME:			
First:	Middle Name: Last:			
Maiden (if dif	ferent):			
APPLICANT	RESIDENCE INFORMATION:			
Country:				
State:				
County:				
	<del></del>			
<b>Street Addres</b>	s: Zip Code:			
APPLICANT	BIRTHPLACE:			
Country:				
State:	Age:			
City:	Date of Birth:			
APPLICANT	- FATHER INFORMATION:			
First:	Middle Name: Last:			
	– FATHER BIRTHPLACE:			
Country:				
State:				
City:				
APPLICANT	– MOTHER <u>MAIDEN</u> INFORMATION			
First:	Middle Name: Last:			
APPLICANT – MOTHER BIRTHPLACE:				
Country:				
State:				
City:				
CONFIDENTIAL I	NFORMATION: INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THIS RECORD			
	APPLICANT-SOCIAL SECURITY NUMBER:			
Social security number for both applicants shall be given, but if the applicant(s) does not have a social security number such applicant(s) may execute a waiver form.				
	If previously married, last marriage ended either by-			
Death □ Dissolution □ Annulment Date Marriage Ended (Mo., Day., Yr.)				
Race				
Check one or more races to indicate what Applicant considers him/herself to be White/Caucasian				
	Black or African American			
	American Indian or Alaska Native Asian			
	Native Hawaiian or Other Pacific Islander			

## MARRIAGE WORKSHEET

APPLICANT	NAME:	WORKSHEET		
First:	Middle Name:	Last:		
Maiden (if dif	ferent):			
APPLICANT	RESIDENCE INFORMATI	ON:		
Country:				
County:				
/ 'ideara				
Street Address	S:	Zip Code:		
APPLICANT	BIRTHPLACE:			
Country:	<del> </del>			
State:		Age:		
<b>~</b> :		Date of Birth:		
	– FATHER INFORMATIO	N:		
First:	Middle Name:	Last:		
APPLICANT	– FATHER BIRTHPLACE:			
Country:	· · · · · · · · · · · · · · · · · · ·			
Stata.				
City:		1		
APPLICANT – MOTHER <u>MAIDEN</u> INFORMATION				
First:	Middle Name:	Last:		
APPLICANT – MOTHER BIRTHPLACE:				
Country:				
State:				
City:				
CONFIDENTIAL INFORMATION: INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THIS RECORD				
	APPLICANT-SOCIAL	SECURITY NUMBER:		
Social security number for both applicants shall be given, but if the applicant(s) does not have a social security number such applicant(s) may execute a waiver form.				
	If previously married, last			
Death Dissolution Annulment Date Marriage Ended (Mo., Day., Yr.)  Is Applicant of Hispanic or Latino Origin? Yes No				
Race Check one or more races to indicate what Applicant considers him/herself to be				
]	White/Caucasian	**		
Ţ	Black or African American			
Ļ	American Indian or Alaska Nat Asian	ive		
[	⊒Asian ⊒Native Hawaiian or Other Pacif	ïc Islander		