MARRIAGE LICENSE APPLICATION APPLICANT 1

Please Print MIDDLE NAME ____ LAST SOCIAL SECURITY NUMBER ADDRESS __ STREET/ROAD CITY STATE ZIP CODE COUNTY OF RESIDENCE _____ PHONE ____ PLACE OF BIRTH _____ CITY COUNTY STATE BIRTHDATE _____ MONTH DAY YEAR AGE FATHERS FULL NAME FIRST MIDDLE LAST MOTHERS FULL NAME _____FIRST MIDDLE LAST (MAIDEN) OCCUPATION _____ PREVIOUSLY MARRIED? ____ IF YES, HOW MANY TIMES ____ DIVORCED# WIDOWED# NAMES AND AGES OF MINOR CHILDREN NAME AGE NAME AGE NAME AGE NAME AGE EXPECTED DATE OF MARRIAGE NAME OF PERSON PERFORMING MARRIAGE

MARRIAGE LICENSE APPLICATION APPLICANT 2

Please Print

NAME		
NAME MIDD	LE	LAST
SOCIAL SECURITY NUMBER		
ADDRESSSTREET/ROAD CITY		
STREET/ROAD CITY	STAT	E ZIP CODE
COUNTY OF RESIDENCE	PHONE	
PLACE OF BIRTH		
CITY	COUNTY	STATE
BIRTHDATE MONTH DAY	YEAR	AGE
FATHERS FULL NAMEFIRST	MIDDLE	LAST
MOTHERS FULL NAME		
FIRST	MIDDLE	
OCCUPATIONPRE	EVIOUSLY MARRIE	CD?YES/NO
IF YES, HOW MANY TIMES DIVOR	RCED# WI	DOWED#
NAMES AND AGES OF MINOR CHILDREN		
MANUEL AND AGES OF MINOR CITEDION.	NAME	AGE
	NAME	AGE
	NAME	AGE
	NAME	AGE
EXPECTED DATE OF MARRIAGE	against a	
NAME OF PERSON PERFORMING MARRI	AGE	