

Today's Date \_\_\_\_\_ Marriage Date \_\_\_\_\_ License Exp. Date \_\_\_\_\_  \$30.00 Fee Paid

Name of Church

Or

Name and Phone # of Person \_\_\_\_\_

Performing the Ceremony \_\_\_\_\_

**Groom/Spouse**

**Bride/Spouse**

|   |                                |   |                        |   |                                |   |                                 |  |                       |       |
|---|--------------------------------|---|------------------------|---|--------------------------------|---|---------------------------------|--|-----------------------|-------|
| Name (First) _____ (Middle) _____ (Last) _____  |                                |   |                        | Name (First) _____ (Middle) _____ (Last) _____  |                                |   |                                 |  |                       |       |
| Sex   | Date of Birth                  |   | Age                    | Sex   | Date of Birth                  |   | Age                             |  |                       |       |
| Birthplace (State or Country)   |                                | Grade School<br>1 2 3 4 5 6 7 8   | High School<br>1 2 3 4 | College<br>1 2 3 4 5+   | Birthplace (State or Country)  |   | Grade School<br>1 2 3 4 5 6 7 8 | High School<br>1 2 3 4   | College<br>1 2 3 4 5+ |       |
| Residence (No. and Street)  |                                |   |                        | Residence (No. and Street)  |                                |   |                                 |  |                       |       |
| City or Town  |                                | County  |                        | State   |                                | City or Town  |                                 | County   |                       | State |
| Race  |                                | Do you have a guardian or conservator?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |                        |   |                                | Race  |                                 | Do you have a guardian or conservator?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                       |       |
| Father's Name (First, Last)   |                                |   |                        | Father's Name (First, Last)   |                                |   |                                 |  |                       |       |
| Mother's Name (First, Maiden Last)  |                                |   |                        | Mother's Name (First, Maiden Last)  |                                |   |                                 |  |                       |       |
| 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<br>1 2 3 4   | No. of Civil Unions<br>0 1 2 3 | If previously in Marriage or Civil Union, Last Relationship was<br><input type="checkbox"/> Marriage <input type="checkbox"/> Civil Union |                        | No. of this Marriage<br>1 2 3 4   | No. of Civil Unions<br>0 1 2 3 | If previously in Marriage or Civil Union, Last Relationship was<br><input type="checkbox"/> Marriage <input type="checkbox"/> Civil Union |                                 |  |                       |       |
| Last Relationship Ended By:<br><input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment |                                |   |                        | Last Relationship Ended By:<br><input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment |                                |   |                                 |  |                       |       |
| <input type="checkbox"/> Previous Civil Union did not End. Marrying Civil Union Partner   |                                |   |                        | <input type="checkbox"/> Previous Civil Union did not End. Marrying Civil Union Partner   |                                |   |                                 |  |                       |       |
| Social Security # _____   |                                |   |                        | Social Security # _____   |                                |   |                                 |  |                       |       |

Phone # \_\_\_\_\_