

**Applicant** \_\_\_\_\_ **Marriage License Application Worksheet** **License #** \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Last Name at Birth if (Different) \_\_\_\_\_ Gender \_\_\_\_\_  
(Optional)

Residence – State \_\_\_\_\_ County \_\_\_\_\_ City, Town \_\_\_\_\_  
Inside City Limits \_\_\_\_\_  
(Yes or No)

Street Address \_\_\_\_\_

Birth Place (County & State) \_\_\_\_\_

Date of Birth (Month, Day, Year) \_\_\_\_\_ Age \_\_\_\_\_

Social Security # \_\_\_\_\_

Parent #1 Name at Birth \_\_\_\_\_ State of Birth \_\_\_\_\_

Address if living (City & State ) \_\_\_\_\_ Check if deceased \_\_\_\_\_

Parent #2 Name at Birth \_\_\_\_\_ State of Birth \_\_\_\_\_

Address if living (City & State) \_\_\_\_\_ Check if deceased \_\_\_\_\_

Race (Optional) \_\_\_\_\_ Number of this Marriage – First, Second, etc. (Specify) \_\_\_\_\_

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Last marriage ended by (Divorce, Death, etc) \_\_\_\_\_

Date last marriage ended (Month & Year) \_\_\_\_\_

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Education – Specify the highest grade completed

Elementary \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ GED \_\_\_\_\_  
1 2 3 4 5 6 7 8                      9 10 11 12                      1 2 3 4 5 6>

**Officiant/Minister** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Place of Marriage** \_\_\_\_\_ **Date of Marriage** \_\_\_\_\_

**Phone # of Applicant** \_\_\_\_\_

**Applicant \_\_\_\_\_ Marriage License Application Worksheet License # \_\_\_\_\_**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Last Name at Birth if (Different) \_\_\_\_\_ Gender \_\_\_\_\_ (Optional)

Residence – State \_\_\_\_\_ County \_\_\_\_\_ City, Town \_\_\_\_\_  
Inside City Limits: \_\_\_\_\_  
Yes or No

Street Address \_\_\_\_\_

Birth Place (County & State) \_\_\_\_\_

Date of Birth (Month, Day, Year) \_\_\_\_\_ Age \_\_\_\_\_

Social Security # \_\_\_\_\_

Parent #1 Name at Birth \_\_\_\_\_ State of Birth \_\_\_\_\_

Address if living (City & State ) \_\_\_\_\_ Check if deceased \_\_\_\_\_

Parent #2 Name at Birth \_\_\_\_\_ State of Birth \_\_\_\_\_

Address if living (City & State) \_\_\_\_\_ Check if deceased \_\_\_\_\_

Race (Optional) \_\_\_\_\_ Number of this Marriage – First, Second, etc. (Specify) \_\_\_\_\_

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Last marriage ended by (Divorce, Death, etc) \_\_\_\_\_

Date last marriage ended (Month & Year) \_\_\_\_\_

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Education – Specify the highest grade completed

Elementary \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ GED \_\_\_\_\_  
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