

# Marriage License Information Form

PLEASE PRINT LEGIBLY: NO CURSIVE

## Party One

BRIDE <input type="checkbox"/>	GROOM <input type="checkbox"/>	SPOUSE <input type="checkbox"/>
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First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Current Address (City, State, Country, Zip)

\_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Father's Name (First, Middle, Last)

\_\_\_\_\_

Mother's Maiden Name (First, Middle, Last)

\_\_\_\_\_

Marital Status (Single, Widowed, Divorced, Annulled) \_\_\_\_\_

No. of Previous Marriages \_\_\_\_\_

Occupation \_\_\_\_\_

Race \_\_\_\_\_

Gender \_\_\_\_\_

Are you related to each other in anyway? If so, how? \_\_\_\_\_

## Party Two

BRIDE <input type="checkbox"/>	GROOM <input type="checkbox"/>	SPOUSE <input type="checkbox"/>
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First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Current Address (City, State, Country, Zip)

\_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Father's Name (First, Middle, Last)

\_\_\_\_\_

Mother's Maiden Name (First, Middle, Last)

\_\_\_\_\_

Marital Status (Single, Widowed, Divorced, Annulled) \_\_\_\_\_

No. of Previous Marriages \_\_\_\_\_

Occupation \_\_\_\_\_

Race \_\_\_\_\_

Gender \_\_\_\_\_

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## Party One & Party Two

Contact Phone Number(s) \_\_\_\_\_

\_\_\_\_\_

Where would you like the Certified Copy Mailed? \_\_\_\_\_

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