

# MARRIAGE LICENSE APPLICATION QUESTIONS

Type of ceremony planned:  Religious  Civil

Are you related?  Yes  No If yes, please describe relationship: \_\_\_\_\_

Have you had a prior application rejected?  Yes  No If yes, reason: \_\_\_\_\_

Future Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

A contact phone number (either party): \_\_\_\_\_

## SPOUSE 1:

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

Maiden Surname: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Country: \_\_\_\_\_ Birth State: \_\_\_\_\_

Birth County: \_\_\_\_\_ Birth City: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's 1<sup>st</sup> Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Father is deceased:  If checked, skip the next line

Father's Residence State: \_\_\_\_\_ Father's Residence City: \_\_\_\_\_

Father's Birth Country: \_\_\_\_\_ Father's Birth State: \_\_\_\_\_

Mother's 1<sup>st</sup> Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Maiden Surname: \_\_\_\_\_

Mother is deceased:  If checked, skip the next line

Mother's Residence State: \_\_\_\_\_ Mother's Residence City: \_\_\_\_\_

Mother's Birth Country: \_\_\_\_\_ Mother's Birth State: \_\_\_\_\_

Spouse 1's Race: \_\_\_\_\_ Highest level of Education: \_\_\_\_\_ Sex: M F

Number of this Marriage: \_\_\_\_\_

If not 1<sup>st</sup> marriage, then last marriage terminated by:  Divorce  Death  Unknown

Previous Spouse First Name: \_\_\_\_\_ Previous Spouse Maiden Surname: \_\_\_\_\_

Date of Divorce/Death: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

**SPOUSE 2:**

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

Maiden Surname: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Country: \_\_\_\_\_ Birth State: \_\_\_\_\_

Birth County: \_\_\_\_\_ Birth City: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's 1<sup>st</sup> Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Father is deceased:  If checked, skip the next line

Father's Residence State: \_\_\_\_\_ Father's Residence City: \_\_\_\_\_

Father's Birth Country: \_\_\_\_\_ Father's Birth State: \_\_\_\_\_

Mother's 1<sup>st</sup> Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Maiden Surname: \_\_\_\_\_

Mother is deceased:  If checked, skip the next line

Mother's Residence State: \_\_\_\_\_ Mother's Residence City: \_\_\_\_\_

Mother's Birth Country: \_\_\_\_\_ Mother's Birth State: \_\_\_\_\_

Spouse 2's Race: \_\_\_\_\_ Highest level of Education: \_\_\_\_\_ Sex: M F

Number of this Marriage: \_\_\_\_\_

If not 1<sup>st</sup> marriage, then last marriage terminated by:  Divorce  Death  Unknown

Previous Spouse First Name: \_\_\_\_\_ Previous Spouse Maiden Surname: \_\_\_\_\_

Date of Divorce/Death: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_