

THE NAMES ON YOUR MARRIAGE LICENSE SHOULD MATCH WHAT IS ON YOUR BIRTH CERTIFICATE. PLEASE INCLUDE FULL "LEGAL" NAMES FOR BOTH APPLICANTS AND PARENTS.

Marriage License Worksheet

APPLICANT #1 PHONE #:

APPLICANT #2 PHONE #:

1a. APPLICANT #1 - Full Name (First, Middle, Last, Suffix)	1b. MAIDEN NAME (If different)	2. AGE
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3a. COUNTRY OF RESIDENCE	3b. STATE OF RESIDENCE	3c. COUNTY OF RESIDENCE
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3d. CITY, TOWN OR LOCATION	3e. PHYSICAL ADDRESS (House number & Street)	3f. ZIP CODE
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4. BIRTHPLACE (City and State or Foreign Country)	5. DATE OF BIRTH (Month/Day/Year)
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6a. FATHER'S FULL NAME (First, Middle, Last, Suffix)	6b. BIRTHPLACE (City and State or Foreign Country)
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7a. MOTHER'S FULL MAIDEN NAME (First, Middle, Maiden)	7b. BIRTHPLACE (City and State or Foreign Country)
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8a. APPLICANT #2 - Full Name (First, Middle, Last)	8b. MAIDEN NAME (If different)	9. AGE
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10a. COUNTRY OF RESIDENCE	10b. STATE OF RESIDENCE	10c. COUNTY OF RESIDENCE
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10d. CITY, TOWN OR LOCATION	10e. PHYSICAL ADDRESS (House number & Street)	10f. ZIP CODE
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11. BIRTHPLACE (City and State or Foreign Country)	12. DATE OF BIRTH (Month/Day/Year)
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13a. FATHER'S FULL NAME (First, Middle, Last, Suffix)	13b. BIRTHPLACE (City and State or Foreign Country)
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14a. MOTHER'S FULL MAIDEN NAME (First, Middle, Maiden)	14b. BIRTHPLACE (City and State or Foreign Country)
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CONFIDENTIAL INFORMATION - INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THIS RECORD

15a. SOCIAL SECURITY NUMBER - APPLICANT #1	15b. SOCIAL SECURITY NUMBER - APPLICANT #2
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16. If previously married, last marriage ended by (choose one):

Applicant #1: Death Dissolution Annulment Date Marriage ended (MM/DD/YY) _____ In what State? _____

Applicant #2: Death Dissolution Annulment Date Marriage ended (MM/DD/YY) _____ In what State? _____

17a. Is Applicant #1 of Hispanic or Latino Origin? <input type="radio"/> Yes <input type="radio"/> No	17b. Is Applicant #2 of Hispanic or Latino Origin? <input type="radio"/> Yes <input type="radio"/> No
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RACE

18a. Applicant #1	18b. Applicant #2
Choose one or more races to indicate what each person considers him/herself to be	
<input type="radio"/>	White
<input type="radio"/>	Black or African American
<input type="radio"/>	American Indian or Alaska Native
<input type="radio"/>	Asian
<input type="radio"/>	Native Hawaiian or Other Pacific Islander

* It is imperative that all information is correct as it may affect future benefits to either applicant. Correcting information on a marriage license once it is returned to State Vital Records requires an ammendment application, additional documentation and a fee.

Date of Marriage:

Place of Marriage: