

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. <b>APPLICANT #1</b> - Full Name (First, Middle, Last, Suffix)		1b. MAIDEN NAME (If different)
2. AGE		
3a. COUNTRY OF RESIDENCE	3b. STATE OF RESIDENCE	3c. COUNTY OF RESIDENCE
3d. CITY, TOWN OR LOCATION	3e. PHYSICAL ADDRESS (House number & Street)	3f. ZIP CODE
4. BIRTHPLACE (City and State or Foreign Country)		5. DATE OF BIRTH (Month/Day/Year)
6a. FATHER'S FULL NAME (First, Middle, Last, Suffix)		6b. BIRTHPLACE (City and State or Foreign Country)
7a. MOTHER'S FULL <u>MAIDEN</u> NAME (First, Middle, Maiden)		7b. BIRTHPLACE (City and State or Foreign Country)
8a. <b>APPLICANT #2</b> - Full Name (First, Middle, Last)		8b. MAIDEN NAME (If different)
9. AGE		
10a. COUNTRY OF RESIDENCE	10b. STATE OF RESIDENCE	10c. COUNTY OF RESIDENCE
10d. CITY, TOWN OR LOCATION	10e. PHYSICAL ADDRESS (House number & Street)	10f. ZIP CODE
11. BIRTHPLACE (City and State or Foreign Country)		12. DATE OF BIRTH (Month/Day/Year)
13a. FATHER'S FULL NAME (First, Middle, Last, Suffix)		13b. BIRTHPLACE (City and State or Foreign Country)
14a. MOTHER'S FULL <u>MAIDEN</u> NAME (First, Middle, Maiden)		14b. BIRTHPLACE (City and State or Foreign Country)
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
16. If previously married, last marriage ended by (choose one):		
Applicant #1: <input type="radio"/> Death <input type="radio"/> Dissolution <input type="radio"/> Annulment    Date Marriage ended (MM/DD/YY) _____ In what State? _____		
Applicant #2: <input type="radio"/> Death <input type="radio"/> Dissolution <input type="radio"/> 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
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"/>
<input type="radio"/>	Black or African American	<input type="radio"/>
<input type="radio"/>	American Indian or Alaska Native	<input type="radio"/>
<input type="radio"/>	Asian	<input type="radio"/>
<input type="radio"/>	Native Hawaiian or Other Pacific Islander	<input type="radio"/>
* 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: