

# Marriage License Application

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## GROOM OR PARTNER PERSONAL INFORMATION

Last Name		First Name		Middle Name	Maiden Name	Suffix
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Date of Birth		Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
State of Birth			<del>Social Security Number</del> <b>NOT NEEDED</b>		<del>Driver's License Number</del> <b>NOT NEEDED</b>	
Race	Occupation		Employer			
Mailing Address: Including the County						
Physical Address if Different						
Education (Check the box that best describes the highest degree or level of school completed)						
<input type="checkbox"/> 8 <sup>th</sup> grade or less	<input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> grade, no diploma	<input type="checkbox"/> High School graduate or GED Completed		<input type="checkbox"/> Some college, no degree		<input type="checkbox"/> Associate degree
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (MD, DDS, DVM, LLB, JD)			<input type="checkbox"/> Unknown	
Times Married			Date Last Marriage Ended		Ended by: <input type="checkbox"/> Divorce or <input type="checkbox"/> Death	
Parent 1 Full Name (Father's name)			Parent 2 Full Name (Mother's maiden name)			
Parent 1 Address (including city/state/zip)			Parent 2 Address (including city/state/zip)			

## BRIDE OR PARTNER PERSONAL INFORMATION

Last Name		First Name		Middle Name	Maiden Name	Suffix
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Date of Birth		Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
State of Birth			<del>Social Security Number</del> <b>NOT NEEDED</b>		<del>Driver's License Number</del> <b>NOT NEEDED</b>	
Race	Occupation		Employer			
Mailing Address: Including the County						
Physical Address if Different						
Education						
<input type="checkbox"/> 8 <sup>th</sup> grade or less	<input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> grade, no diploma	<input type="checkbox"/> High School graduate or GED Completed		<input type="checkbox"/> Some college, no degree		<input type="checkbox"/> Associate degree
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (MD, DDS, DVM, LLB, JD)			<input type="checkbox"/> Unknown	
Times Married			Date Last Marriage Ended		Ended by: <input type="checkbox"/> Divorce or <input type="checkbox"/> Death	
Parent 1 Full Name (Father's name)			Parent 2 Full Name (Mother's maiden name)			
Parent 1 Address (including city/state/zip)			Parent 2 Address (including city/state/zip)			