Application for Marriage License

Date o	f Marriage:												
County	y Marriage	will be held:											
Ceremony to be performed by: (check one) Magistrate Minister													
If Min					Phone								
	Address	3											
		-											
Phone numbers: Applicant 1: Home/Cell				Applicant 2: Home/Cell									
Work				Work									
1. APPLICANT 1-NAME FIR	APPLICANT 1-NAME FIRST MIDDLE			LAST 1b.				LAST NAME AT BIRTH (If different)				NDER (Optional)	
2a. RESIDENCE-STATE	2b. COUNTY			2c. CITY,TOWN OR LOCATION							I SIDE CITY LI pecify Yes or		
2e. STREET AND NUMBER			3. BIRTHPLACE (COUNTY & STATE)				4a. DATE	OF BIRTH (N	Month, D	ay, Year)	4b. AGE		
5a. PARENT'S NAME AT PARENT'S BIRTH				5b. STATE OF BIRTH 5c. ADDRESS (If Living)									
6a. PARENT'S NAME AT PARENT'S BIRTH				6b. STATE OF BIRTH 6c. ADDRESS (If Living)									
7. RACE-(Optional)	FIRST, SECOND, ETC. (SPECIFY) 9a. I							0. DATE 10. EDUCATION-SPEC COMPLETED				IFY <u>HIGHEST</u> GRADE	
					ELEMEN (0,1,2,3,4		HIGH S((1,2,3 (COLLEGE (1,2,3,4 or		AHSD	GED	
11a. APPLICANT 2 -NAME	FIRST	MIDDLE		LAST			11b. LAS	11b. LAST NAME AT BIRTH (If Different)				ENDER (Optional)	
12a. RESIDENCE-STATE	. RESIDENCE-STATE 12b. COUNTY			12c. CITY, TOWN, OR LOCATION				12d. INSIDE (Speci					
12e. STREET AND NUMBER			13. BIRTHPLACE (COUNTY & STATE)				14a. DATI	OF BIRTH	(Month,	Day, Year)	14b. AGE		
15a. PARENT'S NAME AT PARENT'S BIRTH			15b. STATE OF BIRTH 15c. ADDRE				(If Living)						
16a. PARENT'S NAME AT PARENT'S BIRTH			16b. STATE C	DDRESS	(If Living)								
17. RACE-(Optional)		OF THIS MARRIAGE OND,ETC. (SPECIFY)	19a	REVIOUSLY MA LAST MARRIA th, Divorce or Ar	GE ENDED		19b. DATE 20. EDUCATI COMPLET				ON-SPECIFY <u>HIGHEST</u> GRADE TED		
					ELEMEN (0,1,2,3,4		HIGH S0 (1,2,3 c		COLLEGE (1,2,3,4or!		AHSD	GED	