

**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 WORKSHEET

| | | | |
|--|----------------|---|-------------------------------|
| APPLICANT #1 PHONE # | | APPLICANT #2 PHONE # | |
| 1a. APPLICANT #1-FULL NAME (First, Middle, Last, Suffix) | | 1b. MAIDEN LAST NAME (if applicable) | 2. AGE |
| 3a. COUNTRY | 3b. STATE | 3c. COUNTY | |
| 3d. CITY, TOWN OR LOCATION | 3e. RESIDENCE | | 3f. ZIP CODE |
| 4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) | | | 5. DATE OF BIRTH (Mo,Day,Yr) |
| 6a. FATHER'S FULL NAME (First, Middle, Last, Suffix) | | 6b. BIRTHPLACE (City and State or Foreign Country) | |
| 7a. MOTHER'S FULL MAIDEN NAME (First, Middle, Maiden) | | 7b. BIRTHPLACE (City and State or Foreign Country) | |
| 8a. APPLICANT #2-FULL NAME (First, Middle, Last, Suffix) | | 8b. MAIDEN LAST NAME (if applicable) | 9. AGE |
| 10a. COUNTRY | 10b. STATE | 10c. COUNTY | |
| 10d. CITY, TOWN OR LOCATION | 10e. RESIDENCE | | 10f. ZIP CODE |
| 11. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) | | | 12. DATE OF BIRTH (Mo,Day,Yr) |
| 13a. FATHER'S FULL NAME (First, Middle, Last, Suffix) | | 13b. BIRTHPLACE (City and State or Foreign Country) | |
| 14a. MOTHER'S FULL MAIDEN 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.

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| 15a. APPLICANT #1 - SOCIAL SECURITY NUMBER | 15b. APPLICANT #2 - SOCIAL SECURITY NUMBER |
| 16. If previously married, last marriage ended either by- APPLICANT #1: _____ Death _____ Dissolution _____ Annulment Date Marriage Ended (mm/dd/yyyy) _____ APPLICANT #2: _____ Death _____ Dissolution _____ Annulment Date Marriage Ended (mm/dd/yyyy) _____ | |
| 17a. Is APPLICANT #1 of Hispanic or Latino Origin _____ Yes _____ No | 17b. Is APPLICANT #2 of Hispanic or Latino Origin _____ Yes _____ No |

RACE

Check one or more races to indicate what each person considers him/herself to be:

| | | |
|-------------------|---|-------------------|
| 18a. APPLICANT #1 | | 18b. APPLICANT #2 |
| _____ | White | _____ |
| _____ | Black or African American | _____ |
| _____ | American Indian or Alaska Native | _____ |
| _____ | Asian | _____ |
| _____ | Native Hawaiian or Other Pacific Islander | _____ |

The marriage license fee is \$25. The certified copy fee is \$9. A certified copy is required to change your name on such documents as a driver's license, social security card, etc. It may also be needed for other legal purposes.

Do you want a certified copy mailed to you after the license is filed in our office? YES _____ NO _____

MAIL TO: Applicant #1 _____ Applicant #2 _____ Other Address: _____

OFFICE USE ONLY:

APPLICANT #1 ID PRESENTED: ___ DRIVER'S LICENSE ___ STATE ID ___ PASSPORT ___ OTHER (Type: _____)
APPLICANT #2 ID PRESENTED: ___ DRIVER'S LICENSE ___ STATE ID ___ PASSPORT ___ OTHER (Type: _____)