

Marriage License Application

Date: _____

Phone Number: _____

GROOM OR PARTNER PERSONAL INFORMATION

Last Name		First Name		Middle Name	Maiden Name	Suffix
Marital Status		Date of Birth		Age	Gender	
Single Divorced Widowed					Male Female	
State of Birth		Social Security Number		Driver's License Number		
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)						
8 th grade or less	9 th -12 th grade, no diploma	High School graduate or GED Completed		Some college, no degree		Associate degree
Bachelor's Degree	Master's Degree	Doctorate (e.g. PhD, EdD) or Professional degree (MD, DDS, DVM, LLB, JD)			Unknown	
Times Married		Date Last Marriage Ended		Ended by:		
				Divorce or Death		
Parent 1 Full Name			Parent 2 Full 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		Date of Birth		Age	Gender	
Single Divorced Widowed					Male Female	
State of Birth		Social Security Number		Driver's License Number		
Race	Occupation		Employer			
Mailing Address: Including the County						
Physical Address if Different						
Education						
8 th grade or less	9 th -12 th grade, no diploma	High School graduate or GED Completed		Some college, no degree		Associate degree
Bachelor's Degree	Master's Degree	Doctorate (e.g. PhD, EdD) or Professional degree (MD, DDS, DVM, LLB, JD)			Unknown	
Times Married		Date Last Marriage Ended		Ended by:		
				Divorce or Death		
Parent 1 Full Name			Parent 2 Full Name			
Parent 1 Address (including city/state/zip)			Parent 2 Address (including city/state/zip)			