**APPLICATION FOR MARRIAGE LICENSE**
(Please print)

Full Name _____
First Middle Current Surname

Surname after Marriage _____/_____
Maiden Name (if applicable)

Social Security Number _____ - _____ - _____ Sex _____ (Optional)

Age _____ Date of Birth_____/_____/_____ Place of Birth _____
City/State

Residence _____
State County City/Town/Village

_____
Street Address Zip Code

Employment: Usual Occupation _____

Type of Business _____

Father or Parent Name _____
Last (Maiden name, if applicable) First

Father or Parent Birthplace (Country) _____

Mother or Parent Name _____
Last (Maiden name, if applicable) First

Mother or Parent Birthplace (Country) _____

Number of this Marriage _____

Contact number: Home: _____Cell: _____

Address to mail Certificate of Marriage Registration to:

_____
Street Apt. No City/Town State Zip

**REQUIRED: (Clerk to complete)**

- Proof of Age:
  Birth Certificate Baptismal Records Naturalization Record Census Record

- Proof of Identity:
  Drivers License Passport Immigration Record Employment Picture ID