

Today's Date _____ Marriage Date _____ License Exp. Date _____ \$50.00 Fee Paid

Name of Church

Or

Name and Phone # of Person _____

Performing the Ceremony _____

Spouse One/Groom

Spouse Two/Bride

| | | | | | | | | | | |
|--|--------------------------------|---|------------------------|--|--------------------------------|---|---------------------------------|------------------------|-----------------------|-------|
| Name (First) _____ (Middle) _____ (Last) _____ | | | | Name (First) _____ (Middle) _____ (Last) _____ | | | | | | |
| Sex | Date of Birth | | Age | Sex | Date of Birth | | Age | | | |
| Birthplace (State or Country) | | Grade School 1 2 3 4 5 6 7 8 | High School 1 2 3 4 | College 1 2 3 4 5+ | Birthplace (State or Country) | | Grade School 1 2 3 4 5 6 7 8 | High School 1 2 3 4 | College 1 2 3 4 5+ | |
| Residence (No. and Street) | | | | Residence (No. and Street) | | | | | | |
| City or Town | | County | | State | | City or Town | | County | | State |
| Do you have a guardian or conservator? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Do you have a guardian or conservator? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Father's Name (First, Last) | | | | Father's Name (First, Last) | | | | | | |
| Mother's Name (First, Maiden Last) | | | | Mother's Name (First, Maiden Last) | | | | | | |
| Father's Birthplace (State or Foreign Country) | | Mother's Birthplace (State or Foreign Country) | | Father's Birthplace (State or Foreign Country) | | Mother's Birthplace (State or Foreign Country) | | | | |
| No. of this Marriage 1 2 3 4 | No. of Civil Unions 0 1 2 3 | If previously in Marriage or Civil Union, Last Relationship was <input type="checkbox"/> Marriage <input type="checkbox"/> Civil Union | | No. of this Marriage 1 2 3 4 | No. of Civil Unions 0 1 2 3 | If previously in Marriage or Civil Union, Last Relationship was <input type="checkbox"/> Marriage <input type="checkbox"/> Civil Union | | | | |
| Last Relationship Ended By: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment <input type="checkbox"/> Previous Civil Union did not End. Marrying Civil Union Partner | | | | Last Relationship Ended By: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment <input type="checkbox"/> Previous Civil Union did not End. Marrying Civil Union Partner | | | | | | |
| Social Security # | | | | Social Security # | | | | | | |

Phone # _____

Phone # _____