

Marriage License Number _____

APPLICANT _____

Name: _____
 First Middle Last

Current address: _____
 Street

City State ZIP County

Date of Birth: _____ Age: _____ SSN: _____

Location of birth: _____
 City County State Country

Phone number: _____ Occupation: _____

Father's full name: _____
 First Middle Last

Mother's full name: _____
 First Middle Maiden Last

Number of prior marriages: _____ Most recent ending via
divorce ___ dissolution ___ or death ___

State and County of Divorce: _____

Case Number: _____ Date of marriage
termination or death: _____

Name of most recent spouse: _____

First names and ages of minor children
from most recent marriage: _____

