

APPLICATION FOR MARRIAGE LICENSE

APPLICANT 1 –OR- GROOM

NAME: _____

MAIDEN NAME IF DIFFERENT: _____

SSN: _____

PHONE #: _____

E-MAIL: _____

ADDRESS: _____

PLACE OF BIRTH:

CITY: _____

COUNTY: _____

STATE: _____

APPLICANT 2 –OR- BRIDE

NAME: _____

MAIDEN NAME IF DIFFERENT: _____

SSN: _____

PHONE #: _____

E-MAIL: _____

ADDRESS: _____

PLACE OF BIRTH:

CITY: _____

COUNTY: _____

STATE: _____

Address you want license returned to: (CIRCLE)

GROOM

BRIDE

OTHER: _____
