

MARRIAGE LICENSE OATH AND APPLICATION

Please Print:

FULL Legal Name \_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
(Maiden, if previously married) Telephone Number: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

NEW MAILING ADDRESS \_\_\_\_\_  
(Where you would like your certified copies mailed? Include Address, Apt. #, City, State, and Zip code):

Social Security No. \_\_\_\_\_ Race: \_\_\_\_\_

City of Birth: \_\_\_\_\_ County of Birth: \_\_\_\_\_ State of Birth \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Are You a High School Graduate? Yes \_\_\_ No \_\_\_ Number of Years of College \_\_\_\_\_  
If No What Grade Did You Complete? \_\_\_\_\_

Number of this Marriage: 1 2 3 4 5

Termination of Last Marriage:  Death  Divorce Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Father's FULL Name: \_\_\_\_\_

State of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ County of Birth: \_\_\_\_\_

Mother's FULL Name: \_\_\_\_\_

(First) (Middle) (Maiden)  
State of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ County of Birth: \_\_\_\_\_

Planned Date of your Marriage: \_\_\_\_\_ (No more than 30 Days out)

Planned Place of your Marriage, City: \_\_\_\_\_ County: \_\_\_\_\_

Name of Person to Perform Marriage: \_\_\_\_\_  
(Name) (Title)

I DO SOLEMNLY SWEAR THAT THE ABOVE INFORMATION IS TRUE ACCORDING TO MY BEST KNOWLEDGE, THAT I AM SINGLE AND UNMARRIED AND MAY LAWFULLY CONTRACT AND BE JOINED IN MARRIAGE; THAT I AM NOT RELATED TO: \_\_\_\_\_  
WITHIN BUT NOT INCLUDING THE FIFTH DEGREE OF CONSANGUINITY. (Name of person marrying)

\_\_\_\_\_  
Applicant's Signature

ATTENTION VOTERS

Changing your name or address requires re-registration to vote. Would you like a Voter Registration Form today:  
Yes \_\_\_\_\_ No \_\_\_\_\_