MARRIAGE LICENSE APPLICATION

COMPLETE AND MAIL WITH COPIES OF SOCIAL SECURITY CARD, PICTURE ID AND MONEY ORDER

			DATE:		
GROOM OR APPLICATION SOCIAL SECURITY NUMBER		FICATION NUMBER:			
IS THIS YOUR FIRST MARRI	AGEIF	NO, WHAT NUMBER	L?		
NAME					GENDER
LAST	FIRST	MIDDLE		SUFFIX	
BIRTHDATE	AGE	E BIRTH STATE		RACE	
RESIDENCE					
STREET	•	CITY	STATE		ZIP CODE
COUNTY	FORM OF ID PRESENTED				-
	IF UNDER 2	5 ID NUMBER		_ ID STATE	
PHONE NUMBER	LA	AST NAME ON BIRTH	CERTIFICATE_		
IS THIS YOUR FIRST MARRI.	AGEIF	NO, WHAT NUMBER	?		_GENDER
LAST	FIRST	MIDDLE	•	SUFFIX	GENDER
BIRTHDATE	AGE	BIRTH STATE		RACE_	
RESIDENCE					
STREET		CITY	STATE		ZIP CODE
COUNTY	FORM OF II	PRESENTED			_
	IF UNDER 25 ID NUMBER			ID STATE	
PHONE NUMBER	L	AST NAME ON BIRTH	CERTIFICATE_		
SIGNATURE OF GROOM O	R APPLICANT A: _				
SIGNATURE OF BRIDE OR	APPLICANT B:				
SWORN BEFORE ME THIS_	DAY OF		, 20		
	NOTARY	FOR			