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MARRIAGE LICENSE INFORMATION FORM
PLEASE PRINT ALL INFORMATION REQUESTED BELOW

Groom's Name: _____
(First) (Middle) (Last)

Address: _____
(Street Number) (City) (Zip Code) (County) (State)

State of Birth: _____ Date of Birth: _____ Age: _____

Social Security Number: _____ - _____ - _____ Race: _____

Number of this Marriage: _____ How did last Marriage end? _____ Date Ended: _____
(Death/Divorce) (Month / Year)

Number of Years of Education Completed: _____

Father's Name: _____ State of Birth: _____
(First) (Last)

Mother's Name: _____ State of Birth: _____
(First) (Maiden)

Bride's Name: _____
(First) (Middle) (Maiden) (Last)

Address: _____
(Street Number) (City) (Zip Code) (County) (State)

State of Birth: _____ Date of Birth: _____ Age: _____

Social Security Number: _____ - _____ - _____ Race: _____

Number of this Marriage: _____ How did last Marriage end? _____ Date Ended: _____
(Death/Divorce) (Month / Year)

Number of Years of Education Completed: _____

Father's Name: _____ State of Birth: _____
(First) (Last)

Mother's Name: _____ State of Birth: _____
(First) (Maiden)

Date of Marriage: _____ City of Marriage: _____ Name of Officiator: _____

Groom's Telephone No: _____ Bride's Telephone No: _____

Address where you would like the Certified Copy of your Marriage License mailed to: