

Oath _____

Department of Public Health

Paid _____

MARRIAGE LICENSE WORKSHEET

Telephone Number _____

Date Applied _____

GROOM / SPOUSE

ID Shown

BRIDE / SPOUSE

ID Shown

NAME (First) (Middle) (Last)			NAME (First) (Middle) (Last)						
SEX	DATE OF BIRTH (Mo., Day, Year)		AGE	SEX	DATE OF BIRTH (Mo., Day, Year)		AGE		
BIRTHPLACE		EDUCATION (No. Yrs. Completed)		BIRTHPLACE		EDUCATION (No. Yrs. Completed)			
		GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)			GRADE S 1-8	GRADES 9-12	COLLEGE (1-5+)
RESIDENCE (No. and Street)				RESIDENCE (No. and Street)					
CITY OR TOWN		COUNTY	STATE	CITY OR TOWN		COUNTY	STATE		
RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO			RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO				
FATHER'S FULL NAME				FATHER'S FULL NAME					
FATHER'S BIRTHPLACE (State or Foreign Country)		MOTHER'S BIRTHPLACE (State or Foreign Country)		FATHER'S BIRTHPLACE (State or Foreign Country)		MOTHER'S BIRTHPLACE (State or Foreign Country)			
MOTHER'S FULL MAIDEN NAME				MOTHER'S FULL MAIDEN NAME					
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION		NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION			
LAST RELATIONSHIP ENDED BY: 1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT 4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER				LAST RELATIONSHIP ENDED BY: 1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT 4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER					
SOCIAL SECURITY # OF GROOM / SPOUSE				SOCIAL SECURITY # OF BRIDE / SPOUSE					

OFFICIATOR INFORMATION

OFFICIATOR'S NAME (FIRST) (LAST)

OFFICIATOR'S ADDRESS

TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED: