

MARRIAGE LICENSE APPLICATION

City Ceremony Will Take Place: _____

Date of Ceremony: _____

License Type applying for:

- Public - \$91.00 (Record will become public record once recorded)
- Confidential - \$85.00 (Record will be closed, and not opened to public once recorded - must be living together)
- Other - \$91.00 - For Denomination without Clergy (Buddhist, Muslim, Bahai, etc.)

1st PERSON PERSONAL DATA		2nd PERSON PERSONAL DATA	
Optional: <input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> None		Optional: <input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> None	
1st Person ID or DL#:	Expires:	2nd Person ID or DL#:	Expires:
First Name:		First Name:	
Middle Name:		Middle Name:	
Current Last Name:		Current Last Name:	
Last Name At Birth (If Different):		Last Name at Birth (If Different):	
Date of Birth:	State of Birth:	Date of Birth:	State of Birth:
Number of Previous Marriages/SRDP:		Number of Previous Marriages/SRDP:	
Last Marriage/SRDP Ended By (1): <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment		Last Marriage/SRDP Ended By (1): <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	
Date Last Marriage/SRDP Ended: Month/Day/Year:		Date Last Marriage/SRDP Ended: Month/Day/Year:	
Father's Full Name:		Father's Full Name:	
Father's State of Birth:		Father's State of Birth:	
Mother's Full Maiden Name:		Mother's Full Maiden Name:	
Mother's State of Birth:		Mother's State of Birth:	
1st Person Address:		2nd Person Address:	
City:	Zip:	City:	Zip:
County:		County:	
Mailing Address:		Mailing Address:	
City:	Zip:	City:	Zip:
County:		County:	
Email Address:		Email Address:	
Daytime Phone Number:		Daytime Phone Number:	
New Middle Name (optional):		New Middle Name (optional):	
New Last Name (optional):		New Last Name (optional):	

We, the undersigned, declare that all the information above is true and correct to the best of our knowledge. We also declare that we have read and understood the information on the reverse side of this form.

Signature: _____

Signature: _____

Please read reverse for Information Regarding the Name Equality Act of 2007