

MARRIAGE LICENSE INFORMATION SHEET

APPLICATION DATE: _____

GROOM:

FULL LEGAL NAME: _____

DATE OF BIRTH: _____

CITY YOU LIVE IN: _____

COUNTY YOU LIVE IN: _____

STATE YOU LIVE IN: _____

BIRTH STATE: _____

SOCIAL SECURITY NUMBER: _____

RACE: _____

NUMBER OF THIS MARRIAGE: _____

LAST MARRIAGE ENDED BY: DEATH ___ OR DIVORCE ___

DATE LAST MARRIAGE ENDED: _____

BRIDE:

FULL LEGAL NAME: _____

MAIDEN NAME: _____

DATE OF BIRTH: _____

CITY YOU LIVE IN: _____

COUNTY YOU LIVE IN: _____

STATE YOU LIVE IN: _____

BIRTH STATE: _____

SOCIAL SECURITY NUMBER: _____

RACE: _____

NUMBER OF THIS MARRIAGE: _____

LAST MARRIAGE ENDED BY: DEATH ___ OR DIVORCE ___

DATE LAST MARRIAGE ENDED: _____

MAILING ADDRESS:

Phone # _____

DO NOT WRITE IN THIS AREA!!!

Clerk's Use Only:

Number: _____

Issue Date: _____

Effective Date: _____

Expiration Date: _____