Marriage License

First Party

Full Name _____
SS # _____
Date of Birth _____Age _____
Evidence of Age _____
Birth City _____ Birth State _____
Country _____
Any Relationship _____
Sex _____ Race _____
Years of School _____ Yrs of College _____
Marriage # _____ Reason _____
Date Finalized _____
Father's First _____
Father's Middle _____
Father's Last _____
Father's Suffix _____
Birth City _____ Birth State _____
Country _____
Mother's First _____
Mother's Middle _____
Mother's Maiden _____
Mother's Suffix _____
Birth City _____
Birth State _____ Country _____

Second Party

Full Name _____
SS # _____
Date of Birth _____Age _____
Evidence of Age _____
Birth City _____
Birth State _____ Country _____
Any Relationship Sex _____
_____ Race _____
Years of School Yrs of
Marriage # _____ College _____
Date Finalized _____ Reason _____
Father's First _____
Father's Middle _____
Father's Last _____
Father's Suffix _____
Birth City _____
Birth State _____
Mother's First _____ Country _____
Mother's Middle _____
_____
Mother's Maiden _____
Mother's Suffix _____
Birth City _____
Birth State _____ Country _____

1st Current Address

Mail □
Address _____
City _____
State _____ Zip_____
County _____

2nd Current Address

Mail □
Address _____
City _____
State _____ Zip_____
County _____

TYPE OF PAYMENT: CASH, IN STATE CHECKS OR CREDIT CARD

Name on card_____
Address_____
Phone #_____

Fee $57.00 With Counseling $37.00 need documentation