

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