Marriage Application Form

Full Name:_____
Last First Middle
Birth Name if different_____
Daytime Phone # _____

Surname after Marriage (last only) _____Sex:_____

Residence: _____ _____
State County

Check one and specify: □ City □ Town □ Village

Print name of CTV if different from address:_____

Street Address: _____ Zip Code_____

Age: _____ Date of Birth: _____/_____/_____

Employment:_____ _____
Usual Occupation Type of Business or Industry

Place of Birth:_____ _____
City/Town/Village State

Father's Name or Parent (Maiden Name, If Applicable):
_____

Country of Birth: _____

Mother's Name or Parent (Maiden Name, If Applicable):
_____

Country of Birth: _____

What number is this Marriage: ___ If previously married, are any former spouses alive: _____

Last marriage ended in: □ Divorced □ Annulment □ Death

*Applicants must provide certified copies of **all** previous divorce decrees or death certificates*

Address to which the Certificate of Marriage is to be mailed:

_____
Street City State Zip code

Method of Payment: cash _____ check _____ check # _____