Marriage Application Form

Full Name: _____
Last First Middle

Birth Name if different: _____

Social Security # _____

Daytime Phone # _____

Surname after Marriage: _____

Residence: _____ _____
State County

Check one and specify: ☐ City ☐ Town ☐ Village

Is residence with limits of a City or incorporated Village:
☐ YES ☐ NO

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: _____

Country of Birth: _____

Mother's Maiden Name: _____

Country of Birth: _____

Number of Marriage: _____ If previously married, are any former spouses alive: _____

Last marriage ended in: ☐ Divorce ☐ 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