

MARRIAGE LICENSE APPLICATION

TODAY'S DATE

/ / 2022

PLEASE PRINT CLEARLY

FULL NAME _____
FIRST MIDDLE LAST

LAST NAME (PRIOR TO 1ST MARRIAGE) (IF APPLICABLE) _____

CURRENT ADDRESS _____

CITY _____ STATE _____ COUNTY _____ ZIP _____

GENDER (MALE / FEMALE) RACE _____ AGE _____ BIRTHDAY ____/____/____

PLACE OF BIRTH: **City** _____ **State** _____

TELEPHONE NUMBER: HOME _____ CELL _____

NUMBER OF PREVIOUS MARRIAGES _____ (IF 1 OR MORE **YOU MUST ANSWER BOTH A & B**)

A. LAST MARRIAGE ENDED: DIVORCE____ DEATH____ ANNULMENT____

B. DATE MARRIAGE ENDED: MONTH____ DAY____ Year____

APPLICANT'S OCCUPATION _____

EDUCATION (MARK **HIGHEST COMPLETED**)

____ **8TH GRADE OR LESS** ____ **9TH GRADE -12TH GRADE**
____ **HIGH SCHOOL GRADUATE OR GED**
____ **SOME COLLEGE / NO DEGREE** ____ **ASSOCIATES DEGREE**
____ **BACHELORS DEGREE** ____ **MASTERS DEGREE**
____ **DOCTORATE** ____ **UNKNOWN**

IF YOU ARE UNDER 21 YEARS OF AGE, ANSWER THE FOLLOWING:

FATHER'S FULL NAME _____

FATHER'S CURRENT ADDRESS _____

MOTHER'S FULL NAME _____

MOTHER'S CURRENT ADDRESS _____