

**MARRIAGE LICENSE WORKSHEET**  
 (Please leave at least 30 minutes to complete the licensing process)

Date: \_\_\_\_\_  
 Location of ceremony: \_\_\_\_\_  
 Date of Marriage: \_\_\_\_\_  
 (Date of this application must be within 65 days of the date of marriage)  
 Contact phone # for Bride/Groom/Spouse: \_\_\_\_\_  
 Person performing the ceremony: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fees for License: (Payable by check or cash only) \$50.00 Marriage License, \$20.00 Certified copy  
 Number of copies requested: \_\_\_\_\_ Total amount paid: \_\_\_\_\_  
 Address to send certified copy to: \_\_\_\_\_  
 Date copies sent: \_\_\_\_\_

**GROOM/SPOUSE**

**BRIDE/SPOUSE**

NAME (First) (Middle) (Last)		NAME (First) (Middle) (Last)	
SEX	DATE OF BIRTH (Mo., Day, Year)	AGE	AGE
BIRTHPLACE		BIRTHPLACE	
GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)	COLLEGE (1-5+)
RESIDENCE (No. and Street)		RESIDENCE (No. and Street)	
CITY OR TOWN	COUNTY	STATE	STATE
RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO
FATHER'S NAME	FATHER'S NAME	FATHER'S NAME	FATHER'S NAME
MOTHER'S FULL MAIDEN NAME	MOTHER'S FULL MAIDEN NAME	MOTHER'S FULL MAIDEN NAME	MOTHER'S FULL MAIDEN NAME
FATHER'S BIRTHPLACE (State or Foreign Country)	MOTHER'S BIRTHPLACE (State or Foreign Country)	FATHER'S BIRTHPLACE (State or Foreign Country)	MOTHER'S BIRTHPLACE (State or Foreign Country)
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS
IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION
LAST RELATIONSHIP ENDED BY: 1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT 4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER		LAST RELATIONSHIP ENDED BY: 1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT 4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER	
SOCIAL SECURITY # OF GROOM/SPOUSE		SOCIAL SECURITY # OF BRIDE/SPOUSE	

**For office use only**  
 Marriage Surcharge paid to the state \_\_\_\_\_ Date \_\_\_\_\_