

## MARRIAGE LICENSE APPLICATION

### Spouse 1

LEGAL LAST NAME: \_\_\_\_\_  
FULL GIVEN NAMES: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS. (MARK BOX WITH "X")	X	IF APPLICABLE PLEASE COMPLETE
NEVER MARRIED	<input type="checkbox"/>	
WIDOWED	<input type="checkbox"/>	
DIVORCED	<input type="checkbox"/>	DIVORCE CERTIFICATE

DATE OF BIRTH	YOUR AGE
PLACE OF BIRTH (CITY, PROV/STATE, COUNTRY)	
E-MAIL ADDRESS	

PLEASE COMPLETE
FATHERS LEGAL LAST NAME
FATHER'S LEGAL GIVEN NAME(S)
FATHER'S BIRTH PLACE (CITY, PROV/STATE, COUNTRY)
MOTHER'S MAIDEN NAME
MOTHER'S LEGAL GIVEN NAME(S)
MOTHER'S BIRTH PLACE (CITY, PROV/STATE, COUNTRY)

SIGNATURE:
DATE:

### Spouse 2

LEGAL LAST NAME: \_\_\_\_\_  
FULL GIVEN NAMES: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS. (MARK BOX WITH "X")	X	IF APPLICABLE PLEASE COMPLETE
NEVER MARRIED	<input type="checkbox"/>	
WIDOWED	<input type="checkbox"/>	
DIVORCED	<input type="checkbox"/>	DIVORCE CERTIFICATE

DATE OF BIRTH	YOUR AGE
PLACE OF BIRTH (CITY, PROV/STATE, COUNTRY)	
E-MAIL ADDRESS	

PLEASE COMPLETE
FATHERS LEGAL LAST NAME
FATHER'S LEGAL GIVEN NAME(S)
FATHER'S BIRTH PLACE (CITY, PROV/STATE, COUNTRY)
MOTHER'S MAIDEN NAME
MOTHER'S LEGAL GIVEN NAME(S)
MOTHER'S BIRTH PLACE (CITY, PROV/STATE, COUNTRY)

SIGNATURE:
DATE: