

## Marriage License Information Sheet

- Full Name: \_\_\_\_\_  

First
Middle
Current Surname
- Social Security #: \_\_\_\_\_ Are you taking your spouse's last name after marriage? YES NO
- Surname (After Marriage): \_\_\_\_\_ Birth Name if Different: \_\_\_\_\_
- Residence: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- Do you live in a (check one):    City \_\_\_\_\_    Town \_\_\_\_\_    or    Village \_\_\_\_\_
- Name of city, town or village: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Is your residence located within a city or village?    YES    NO
- County of Residence: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_    Sex (Optional): \_\_\_\_\_
- Place of Birth: \_\_\_\_\_
- Employment:
  - Usual Occupation: \_\_\_\_\_
  - Type of Industry or Business: \_\_\_\_\_
- Father or Parent Name (Or Maiden Name, if Applicable): \_\_\_\_\_
- Country of Birth: \_\_\_\_\_
- Mother or Parent Name (Or Maiden Name, if Applicable): \_\_\_\_\_
- Country of Birth: \_\_\_\_\_
- Number of this Marriage: \_\_\_\_\_
- Number of Previous Marriages which ended by: Divorce \_\_\_\_\_ Annulment \_\_\_\_\_ Death \_\_\_\_\_
- How did the last marriage end (Divorce, Annulment, Death): \_\_\_\_\_ Date ended: \_\_\_\_\_
- Are any former Spouse(s) alive?    YES    NO
- If previously divorced, provide the following information:

	Date of Decree	Place Issued (City, State, Country if not in U.S.A.)	Against Whom:	
			Self	Spouse
1 <sup>st</sup>				
2 <sup>nd</sup>				
3 <sup>rd</sup>				

- Write the address where you would like your marriage certificate sent, and current phone number:  
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