

Today's Date _____ Marriage Date _____ License Expiration Date _____

Name of Church or Officiant Performing the Ceremony _____ Phone Number _____

Spouse One/Groom

Spouse Two/Bride

Name: First Middle Last			Name: First Middle Last		
Sex	Date of Birth (Mo, Day, Yr)	Age	Sex	Date of Birth (Mo, Day, Yr)	Age
Birthplace (State or Country)		Education (yrs completed) <input type="checkbox"/> Grade 1 -8 <input type="checkbox"/> Grade 9-12 <input type="checkbox"/> College _____	Birthplace (State of Country)		Education (yrs completed) <input type="checkbox"/> Grade 1 -8 <input type="checkbox"/> Grade 9-12 <input type="checkbox"/> College _____
Residence (No and street)			Residence (No and street)		
City of Town		County	State	City of Town	
County		State	County		State
Zip Code	Supervision or Control by Guardian or Conservator <input type="checkbox"/> YES <input type="checkbox"/> NO		Zip Code	Supervision or Control by Guardian or Conservator <input type="checkbox"/> YES <input type="checkbox"/> NO	
Father's Full Name (First and Last)			Father's Full Name (First and Last)		
Mother's Full Maiden Name (First and Last at birth)			Mother's Full Maiden Name (First and Last at birth)		
Father's Birthplace (State or Foreign Country)		Mothers Birthplace (State or Foreign Country)	Father's Birthplace (State or Foreign Country)		Mothers Birthplace (State or Foreign Country)
# of this marriage 1 2 3 4	# of Civil Unions 0 1 2 3	If previously in Marriage or Civil Union, the last relationship was: <input type="checkbox"/> Marriage <input type="checkbox"/> Civil Union	# of this marriage 1 2 3 4	# of Civil Unions 0 1 2 3	If previously in Marriage or Civil Union, the last relationship was: <input type="checkbox"/> Marriage <input type="checkbox"/> Civil Union
Last Relationship Ended by: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment <input type="checkbox"/> Previous Civil Union did not end. Marrying Civil Union Partner			Last Relationship Ended by: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment <input type="checkbox"/> Previous Civil Union did not end. Marrying Civil Union Partner		
Social Security Number			Social Security Number		

Phone Number: _____

Phone Number: _____