

# Marriage License Information

BRIDE/ GROOM/ SPOUSE (CIRCLE ONE)

FULL NAME (First, middle, last)	
BIRTH NAME IF DIFFERENT	
MIDDLE NAME AFTER MARRIAGE	
SURNAME AFTER MARRIAGE	
RESIDENCE (State and County)	
CIT/ TOWN/ VILLAGE SELECT ONE AND SPECIFY NAME	
STREET ADDRESS AND ZIP CODE	
IS RESIDENCE WITHIN A CITY OR INCORPORATED VILLAGE?	
AGE	
DOB	
SEX (optional)	
OCCUPATION	
PLACE OF BIRTH	
FATHER OR PARENT NAME	
FATHER COUNTRY OF BIRTH	
MOTHER OR PARENT NAME (MAIDEN)	
MOTHER COUNTRY OF BIRTH	
NUMBER OF THIS MARRIAGE	
PREVIOUS MARRIAGES NUMBER OF PREVIOUS MARRIAGES THAT ENDED BY: DIVORCE CIVIL ANNULMENT DEATH	
HOW DID THE LAST MARRIAGE END? DIVORCE CIVIL ANNULMENT DEATH	
DATE LAST MARRIAGE ENDED	
ARE ANY FORMER SPOUSE(S) ALIVE?	
IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION: DATE OF DECREE /PLACE ISSUED/ AGAINST WHOM SELF/ SPOUSE 1ST 2ND 3RD 4TH	

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