

MARRIAGE LICENSE OATH AND APPLICATION

Please Print:

FULL Legal Name \_\_\_\_\_  
(First) (Middle) (Last) (Maiden, if previously married)

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

NEW MAILING ADDRESS \_\_\_\_\_  
(include City, State, and Zip code):

Social Security No. \_\_\_\_\_ Race: \_\_\_\_\_

State of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Father's FULL Name: \_\_\_\_\_

Father's STATE of Birth: \_\_\_\_\_

Mother's MAIDEN Name: \_\_\_\_\_

Mother's STATE of Birth: \_\_\_\_\_

Number of Years of School You Have Completed: (K-12 + College) \_\_\_\_\_

Number of this Marriage:  1  2  3  4  5

Termination of Last Marriage:  Death  Divorce Month \_\_\_ Day: \_\_\_ Year: \_\_\_

Planned Date of your Marriage: \_\_\_\_\_

Planned Place of your Marriage, City: \_\_\_\_\_ County: \_\_\_\_\_

Name of Person to Perform Marriage: \_\_\_\_\_

(TITLE)

I DO SOLEMNLY SWEAR THAT THE ABOVE INFORMATION IS TRUE ACCORDING TO MY BEST KNOWLEDGE, THAT I AM SINGLE AND UNMARRIED AND MAY LAWFULLY CONTRACT AND BE JOINED IN MARRIAGE; THAT I AM NOT RELATED TO: \_\_\_\_\_ (Name of person you are marrying) WITHIN THE FIFTH DEGREE OF CONSANGUINITY.

\_\_\_\_\_  
Applicant's Written Signature

ATTENTION VOTERS

Changing your name or address requires re-registration to vote. Would you like a Voter Registration Form today: Yes \_\_\_\_\_ No \_\_\_\_\_