| 300K# | PAGE # |
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| | |

(Front/Back)

MARRIAGE LICENSE APPLICATION FOR BRIDE

INSTRUCTIONS: PROOF OF AGE IS REQUIRED; \$53 APPLICATION FEE IS REQUIRED; BOTH PARTIES

MUST APPEAR BEFORE THE CLERK TO SIGN FOR LICENSE

| TELEPHONE NUMBER(S) |): | | | | | |
|--|--------------------------------------|-----------------------------|--------|--|--|--|
| (HOME)(WORK) | | | | | | |
| FULL :First | Middle | Last | Maiden | | | |
| Age: Date of Birth: | / / Where Born (Coun | ty/State): | Race: | | | |
| Current Physical Address of Residence: | | | | | | |
| County: | CITY: | STATE: | ZIP: | | | |
| | | | | | | |
| Mailing Address (if different f | from above Physical Address) | : | | | | |
| | | | | | | |
| P.O. BOX/DRAWER: | CITY: | STATE: | ZIP: | | | |
| | | | | | | |
| Number of Previous Marriages: | Last Marriage Ended By: _(check one) | Death Divorce/ Annulment | | | | |
| Date Last Marriage Ended: | / / | | | | | |
| | | | | | | |
| Father's Full Name | | | | | | |
| Address | | | | | | |
| City, State, Zip | | | | | | |
| Mother's Full Maiden Name | | | | | | |
| Address | | | | | | |
| City, State, Zip | | | | | | |
| | | | | | | |
| | | | | | | |

(Please print clearly)

EDUCATION: CHECK ONLY THE HIGHEST LEVELS OF EDUCATION COMPLETED

| (Front/Back) | | |
|---------------------------------------|---|--------------------------|
| Elementary | 1 2 3 4 5 6 7 8 9 10 11 12 No Diploma GED College Some No Diploma Assoc | iate Bachelor's Master's |
| Doctorate Professional or High School | Other | |
| Date of Ceremo | ny: Place of Ceremony: | |
| Official to Perfor | rm Ceremony/Rites: | Official's Phone |

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I, a contracting party named above, hereby certify and attest that the information completed is correct to the best of my knowledge and belief.

FEMALE APPLICANT

| *Proof of Age Submitted: (To be completed by Clerk or D.C.) | | | | | |
|---|---------------------|-------------------|---------|--|--|
| Driver's License Other | Identification Card | Birth Certificate | _ | | |
| Date Application Completed: | Time: | am/pm | Date of | | |
| Date to sign/pick up License: | | | | | |