

## MARRIAGE LICENSE INFORMATION SHEET

Please complete the Request for Marriage License Information below.

### GROOM'S INFORMATION

Full name:	
Social Security # or Passport # and country of Passport if living outside USA:	Daytime Phone #:
Date of Birth ( <i>mmddyyyy</i> ):	Birthplace: ( <i>State or Foreign Country</i> )
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Oriental/Asian <input type="checkbox"/> Other	
You presently reside in: ( <i>City</i> ) ( <i>State or Country</i> ) ( <i>County, if applicable</i> )	
Number of this Marriage:	Last marriage ended in: <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment
Last marriage ended on: ( <i>Month</i> ) ( <i>Day</i> ) ( <i>Year</i> )	

### BRIDE'S INFORMATION

Full name:	
Social Security # or Passport # and country if living outside USA:	Daytime Phone #:
Date of Birth ( <i>mmddyyyy</i> ):	Birthplace: ( <i>State or Foreign Country</i> )
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Oriental/Asian <input type="checkbox"/> Other	
You presently reside in: ( <i>City</i> ) ( <i>State or Country</i> ) ( <i>County, if applicable</i> )	
Number of this Marriage:	Last marriage ended in: <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment
Last marriage ended on: ( <i>Month</i> ) ( <i>Day</i> ) ( <i>Year</i> )	
Maiden Name (Name on Birth Certificate):	

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**Mailing address you would like your certified copy mailed to after you are married.**

Mr. & Mrs.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Wedding Coordinator:** \_\_\_\_\_

Wedding Date: \_\_\_\_\_ Venue: \_\_\_\_\_