

Date of Ceremony _____ Place of Ceremony _____

Person Performing Ceremony _____

Fee Received _____ Certified Copy _____ Mailed _____

MARRIAGE LICENSE WORKSHEET

BRIDE/ GROOM/ SPOUSE

BRIDE/ GROOM/ SPOUSE

NAME (First) (Middle) (Last)			NAME (First) (Middle) (Last)		
SEX	DATE OF BIRTH (Mo., Day, Year)		AGE		
BIRTHPLACE		EDUCATION (No. Yrs. Completed)		BIRTHPLACE	
	GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)		EDUCATION (No. Yrs. Completed)
				GRADE S 1-8	GRADES 9-12
RESIDENCE (No. and Street)			RESIDENCE (No. and Street)		
CITY OR TOWN	COUNTY	STATE		CITY OR TOWN	COUNTY
RACE		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR		RACE	
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
FATHER'S NAME			FATHER'S NAME		
FATHER'S BIRTHPLACE (State or Foreign Country)		MOTHER'S BIRTHPLACE (State or Foreign Country)		FATHER'S BIRTHPLACE (State or Foreign Country)	
MOTHER'S MAIDEN NAME			MOTHER'S MAIDEN NAME		
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS		NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS
		1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION			
LAST RELATIONSHIP ENDED BY:			LAST RELATIONSHIP ENDED BY:		
1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT			1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT		
4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER			4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER		
SOCIAL SECURITY # OF BRIDE/GROOM/SPOUSE			SOCIAL SECURITY # OF BRIDE/GROOM/SPOUSE		