

MARRIAGE LICENSE CHECK LIST

Date of Marriage

Applicant #1/Groom

Name as it appears on ID
(Nombre como aparece en la identificacion)

Women's Maiden Name if applicable
(Apellido de Soltera si aplica)

Current Address City (Ciudad) State (Estado) Zip Code(Codigo postal)
Check if this is the address to send the Marriage license to

Phone# _____
(Telefono)

SS# _____

Place of Birth / City County State/Country
(Lugar de Nacimiento/Ciudad) (Condado) (Estado/Pais)

Have you been divorced in the last 30 days YES NO

Applicant #2/Bride

Name as it appears on ID
(Nombre como aparece en la identificacion)

Women's Maiden Name if applicable
(Apellido de Soltera si aplica)

Current Address City (Ciudad) State (Estado) Zip Code(Codigo postal)
Check if this is the address to send the
Marriage license to

Phone# _____
(Telefono)

SS# _____

Place of Birth / City County State/Country
(Lugar de Nacimiento/Ciudad) (Condado) (Estado/Pais)

Have you been divorced in the last 30 days YES NO

Please check only one mailing address to return the marriage license to

Please circle one if you would like to donate \$5 or \$10 to Early Childhood Development