

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):	

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

Mr. & Mrs.: _____

Address: _____

Wedding Coordinator: _____