

BRIDE/GROOM/SPOUSE (circle one)

Marriage Date: _____

Officiant: _____ Location: _____

Your Name: _____
Last First Middle

Social Security Number: _____ Sex (optional): _____

New Middle name (Optional-must be previously used Surname. Ie. birth last name): _____

Last Name After Marriage: _____

Birth Name (if different): _____

Current Address: _____
City State Zip Code

County: _____ Township: _____

Phone: _____ Is your current residence in the village or city? Yes No

Birth Date: _____ Age: _____ Birthplace: _____

Usual Occupation: _____

Type of Industry or Business: _____

Father's Name: _____ Country of Birth: USA Other
First Last If Other, Where: _____

Mother's Name: _____ Country of Birth: USA Other
First Maiden If Other, Where: _____

Mailing address for completed marriage license after the ceremony:

Cost for your marriage license is \$40, how do you intend to pay? Cash Check

Previous Marriage(s): Yes No Are any former spouse(s) alive? Yes No

If YES – please see additional questions below. If NO, your form is now complete.

If YES, how many? _____ Last marriage ended in: Divorce Civil Annulment Death

FOR OFFICE USE

DATE OF DECREE	PLACE ISSUED	AGAINST WHOM
1 st _____	_____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> No Fault
2 nd _____	_____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> No Fault
3 rd _____	_____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> No Fault