

BRIDE/GROOM/SPOUSE (circle one)

Marriage Date: \_\_\_\_\_

Officiant: \_\_\_\_\_ Location: \_\_\_\_\_

Your Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ Sex (optional): \_\_\_\_\_

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:

Previous Marriage(s):  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

Are any former spouse(s) alive?  Yes  No

**FOR OFFICE USE**

DATE OF DECREE

PLACE ISSUED

AGAINST WHOM

1<sup>st</sup> \_\_\_\_\_  Self  Spouse  No Fault

2<sup>nd</sup> \_\_\_\_\_  Self  Spouse  No Fault

3<sup>rd</sup> \_\_\_\_\_  Self  Spouse  No Fault