

**THE NAMES ON YOUR MARRIAGE LICENSE SHOULD MATCH WHAT IS ON YOUR BIRTH CERTIFICATE.
PLEASE INCLUDE FULL "LEGAL" NAMES FOR BOTH APPLICANTS AND PARENTS.**

MARRIAGE WORKSHEET

APPLICANT #1 PHONE #		APPLICANT #2 PHONE #	
1a. APPLICANT #1-FULL NAME (First, Middle, Last, Suffix)		1b. MAIDEN LAST NAME (if applicable)	2. AGE
3a. COUNTRY	3b. STATE	3c. COUNTY	
3d. CITY, TOWN OR LOCATION	3e. RESIDENCE		3f. ZIP CODE
4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		5. DATE OF BIRTH (Mo,Day,Yr)	
6a. FATHER'S FULL NAME (First, Middle, Last, Suffix)		6b. BIRTHPLACE (City and State or Foreign Country)	
7a. MOTHER'S FULL MAIDEN NAME (First, Middle, Maiden)		7b. BIRTHPLACE (City and State or Foreign Country)	
8a. APPLICANT #2-FULL NAME (First, Middle, Last, Suffix)		8b. MAIDEN LAST NAME (if applicable)	9. AGE
10a. COUNTRY	10b. STATE	10c. COUNTY	
10d. CITY, TOWN OR LOCATION	10e. RESIDENCE		10f. ZIP CODE
11. BIRTHPLACE (City and State or Foreign Country)		12. DATE OF BIRTH (Mo,Day,Yr)	
13a. FATHER'S FULL NAME (First, Middle, Last, Suffix)		13b. BIRTHPLACE (City and State or Foreign Country)	
14a. MOTHER'S FULL MAIDEN NAME (First, Middle, Last, Suffix)		14b. BIRTHPLACE (City and State or Foreign Country)	

CONFIDENTIAL INFORMATION: INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THIS RECORD.

15a. APPLICANT #1 - SOCIAL SECURITY NUMBER	15b. APPLICANT #2 - SOCIAL SECURITY NUMBER
16. If previously married, last marriage ended either by-	
APPLICANT #1: _____ Death _____ Dissolution _____ Annulment	Date Marriage Ended (mm/dd/yyyy) _____
APPLICANT #2: _____ Death _____ Dissolution _____ Annulment	Date Marriage Ended (mm/dd/yyyy) _____
17a. Is APPLICANT #1 of Hispanic or Latino Origin ____ Yes ____ No	17b. Is APPLICANT #2 of Hispanic or Latino Origin ____ Yes ____ No

RACE

Check one or more races to indicate what each person considers him/herself to be:

18a. APPLICANT #1	18b. APPLICANT #2
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____