

MARRIAGE LICENSE APPLICATION

City Ceremony Will Take Place: _____

Ceremony Date: _____

LICENSE TYPE APPLYING FOR:

- Regular/Public - \$91.00 (Record will become public record once recorded.)
- Confidential - \$85.00 (Couple must be living together. Record will be closed, and not opened to public once recorded.)
- Declaration of Marriage - \$91.00 (For couples previously married but no record exists.)
- Other: Denomination without Clergy (Buddhist, Muslim, Bahai, Quaker, etc.) – \$91.00

1st PERSON PERSONAL DATA	2nd PERSON PERSONAL DATA
Optional: <input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> None	Optional: <input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> None
1st Person ID or DL#: _____ Expires: _____	2nd Person ID or DL#: _____ Expires: _____
First Name: _____	First Name: _____
Middle Name: _____	Middle Name: _____
Current Last Name: _____	Current Last Name: _____
Last Name at Birth (If Different): _____	Last Name at Birth (If Different): _____
Date of Birth: _____ State of Birth: _____	Date of Birth: _____ State of Birth: _____
Number of Previous Marriages/SRDP: _____	Number of Previous Marriages/SRDP: _____
Last Marriage/SRDP Ended By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	Last Marriage/SRDP Ended By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment
Date Last Marriage/SRDP Ended -(Month/Day/Year): _____	Date Last Marriage/SRDP Ended -(Month/Day/Year): _____
Parent #1 Full Name at Birth: _____	Parent #1 Full Name at Birth: _____
Parent #1 State of Birth: _____	Parent #1 State of Birth: _____
Parent #2 Full Name at Birth: _____	Parent #2 Full Name at Birth: _____
Parent #2 State of Birth: _____	Parent #2 State of Birth: _____
1st Person Address: _____	2nd Person Address: _____
City/State: _____	City/State: _____
Zip: _____ Country: _____	Zip: _____ Country: _____
Mailing Address (If Different): _____	Mailing Address (If Different): _____
City/State: _____	City/State: _____
Zip: _____ Country: _____	Zip: _____ Country: _____
Email Address: _____	Email Address: _____
Daytime Phone Number: _____	Daytime Phone Number: _____
New Middle Name (optional): _____	New Middle Name (optional): _____
New Last Name (optional): _____	New Last Name (optional): _____

We, the undersigned, declare that all the information above is true and correct to the best of our knowledge. We also declare that we have read and understand the *Information Regarding the Name Equality Act of 2007*. See *The New Name Equality Act of 2007* notice.

Signature: _____

Signature: _____