

**Department of Public Health**  
**MARRIAGE LICENSE WORKSHEET**

**SPOUSE ONE**

**SPOUSE TWO**

NAME (First) (Middle) (Last)			NAME (First) (Middle) (Last)		
SEX	DATE OF BIRTH (Month, Day, Year)	AGE	SEX	DATE OF BIRTH (Month, Day, Year)	AGE
BIRTHPLACE	EDUCATION (No. Yrs. Completed)		BIRTHPLACE	EDUCATION (No. Yrs. Completed)	
	GRADES 1-8	GRADES 9-12		COLLEGE(1-5+)	GRADES 1-8
RESIDENCE (No. and Street)			RESIDENCE (No. and Street)		
CITY OR TOWN	COUNTY	STATE	CITY OR TOWN	COUNTY	STATE
		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR			SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR
		<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
FATHER'S FULL NAME			FATHER'S FULL NAME		
MOTHER'S FULL MAIDEN NAME			MOTHER'S FULL MAIDEN NAME		
FATHER'S BIRTHPLACE		MOTHER'S BIRTHPLACE	FATHER'S BIRTHPLACE		MOTHER'S BIRTHPLACE
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	Were you previously married or in a Civil Union? <b>LAST RELATIONSHIP WAS:</b> <input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION	NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	Were you previously married or in a Civil Union? <b>LAST RELATIONSHIP WAS:</b> <input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION
LAST RELATIONSHIP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END, MARRYING CIVIL UNION PARTNER			LAST RELATIONSHIP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END, MARRYING CIVIL UNION PARTNER		
SOCIAL SECURITY # OF SPOUSE ONE			SOCIAL SECURITY # OF SPOUSE TWO		

<b>OFFICE USE ONLY</b> ID:		<b>OFFICE USE ONLY</b> ID:	
OFFICIATOR'S NAME	TELEPHONE OF OFFICIATOR	EMAIL OF OFFICIATOR	
TOWN WHERE THE MARRIAGE CEREMONY WILL BE PERFORMED	DATE OF APPLICATION	DATE OF MARRIAGE	
TELEPHONE OF APPLICANT	EMAIL OF APPLICANT	DATE LICENSE EXPIRES (65 DAYS)	
NUMBER OF PREPAID COPIES	MAIL TO:	DATE CERTIFIED COPY MAILED	

*Bethany*