

Department of Public Health
MARRIAGE LICENSE WORKSHEET

NAME (First) (Middle) (Last)		NAME (First) (Middle) (Last)			
SEX	DATE OF BIRTH (Mo., Day, Year)	SEX	DATE OF BIRTH (Mo., Day, Year)		
BIRTHPLACE	AGE	BIRTHPLACE	AGE		
				EDUCATION (No. Yrs. Completed)	
				GRADES 1-8	GRADES 9-12 COLLEGE (1-5+)
RESIDENCE (No. and Street)		RESIDENCE (No. and Street)			
CITY OR TOWN	COUNTY	STATE	CITY OR TOWN		
CITY OR TOWN	COUNTY	STATE	CITY OR TOWN		
RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO		
FATHER'S NAME		FATHER'S NAME			
FATHER'S BIRTHPLACE (State or Foreign Country)		FATHER'S BIRTHPLACE (State or Foreign Country)			
MOTHER'S MAIDEN NAME		MOTHER'S MAIDEN NAME			
MOTHER'S BIRTHPLACE (State or Foreign Country)		MOTHER'S BIRTHPLACE (State or Foreign Country)			
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS	NO. OF THIS MARRIAGE		
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS	NO. OF THIS MARRIAGE		
LAST RELATIONSHIP ENDED BY: 1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT 4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER		LAST RELATIONSHIP ENDED BY: 1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT 4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER			
SOCIAL SECURITY NUMBER:		SOCIAL SECURITY NUMBER:			
OFFICIATOR INFORMATION					
OFFICIATOR'S NAME (First)		(Last)			
OFFICIATOR'S ADDRESS					
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:					