

Marriage License Application

Date: _____

Phone Number: _____

GROOM'S/PARTNER PERSONAL INFORMATION

Last Name		First Name		Middle Name		Jr or Sr	
Date of Birth	Age	State of Birth	Occupation			Gender	
Address & county							
Father's Full Name							
Father's Full Address							
Mother's Full Maiden Name							
Times Married:		Date last Marriage Ended		Ended by:		Divorce or	Death
Race							
<input type="checkbox"/> White	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Guamanian or Chamorro		<input type="checkbox"/> Asian Indian		<input type="checkbox"/> Native Hawaiian		
<input type="checkbox"/> American Indian/Alaska Native (Name of tribe)		<input type="checkbox"/> Other Pacific Islander (specify)		<input type="checkbox"/> Other Asian (specify)		<input type="checkbox"/> Other (specify)	
Education							
<input type="checkbox"/> 8th grade or less	<input type="checkbox"/> 9th-12th grade no diploma	<input type="checkbox"/> High school graduate or GED completed			<input type="checkbox"/> Some college, no degree		
<input type="checkbox"/> Associates degree	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Master's degree	<input type="checkbox"/> Doctorate or Profesional degree		<input type="checkbox"/> Unknown		

BRIDE'S/PARTNER PERSONAL INFORMATION

Last Name		First Name		Middle Name		Maiden Name	
Date of Birth	Age	State of Birth	Occupation			Gender	
Address & county							
Father's Full Name							
Father's Full Address							
Mother's Full Maiden Name							
Times Married:		Date last Marriage Ended		Ended by:		Divorce or	Death
Race							
<input type="checkbox"/> White	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Guamanian or Chamorro		<input type="checkbox"/> Asian Indian		<input type="checkbox"/> Native Hawaiian		
<input type="checkbox"/> American Indian/Alaska Native (Name of tribe)		<input type="checkbox"/> Other Pacific Islander (specify)		<input type="checkbox"/> Other Asian (specify)		<input type="checkbox"/> Other (specify)	
Education							
<input type="checkbox"/> 8th grade or less	<input type="checkbox"/> 9th-12th grade no diploma	<input type="checkbox"/> High school graduate or GED completed			<input type="checkbox"/> Some college, no degree		
<input type="checkbox"/> Associates degree	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Master's degree	<input type="checkbox"/> Doctorate or Profesional degree		<input type="checkbox"/> Unknown		