



MARRIAGE LICENSE WORKSHEET

FULL NAME LEGALLY USED: _____
FIRST MIDDLE CURRENT SURNAME

SURNAME AFTER MARRIAGE: _____

BIRTH NAME, IF DIFFERENT: _____

SOCIAL SECURITY NO.: _____

ACTIVE MILITARY: YES NO (CIRCLE ONE)

RESIDENCE ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY OF RESIDENCE: _____

CITY / TOWN / VILLAGE: _____
(CIRCLE ONE OF THE ABOVE)

PHONE # _____

AGE: _____ DATE OF BIRTH: _____
MONTH DAY YEAR

EMPLOYMENT:

USUAL OCCUPATION: _____

TYPE OF BUSINESS: _____

PLACE OF BIRTH: _____
(CITY, STATE / COUNTRY IF NOT IN USA)

FATHER'S INFORMATION:

FATHER'S NAME: _____
FIRST MIDDLE SURNAME

FATHER'S COUNTRY OF BIRTH: _____

MOTHER'S INFORMATION:

MOTHER'S MAIDEN NAME: _____
FIRST MIDDLE BIRTH SURNAME

MOTHER'S COUNTRY OF BIRTH: _____

THE NUMBER OF THIS MARRIAGE: _____

PREVIOUS MARRIAGES: NUMBER OF PREVIOUS MARRIAGES, WHICH ENDED BY

DIVORCE: _____ CIVIL ANNULMENT: _____ DEATH: _____

HOW DID LAST MARRIAGE END? DIVORCE / ANNULMENT / DEATH
(CIRCLE WHICH ONE APPLIES)

DATE LAST MARRIAGE ENDED? _____
MONTH DAY YEAR

ARE ANY FORMER SPOUSE (S) ALIVE? YES NO (CIRCLE ONE)

IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION:

DATE OF DECREE (MONTH, DAY, YEAR)	PLACE ISSUED (CITY, STATE/COUNTRY, IF NOT USA)	AGAINST WHOM? (SELF OR SPOUSE)
--------------------------------------	---	-----------------------------------

1ST _____

2ND _____

3RD _____

4TH _____

MAILING ADDRESS USED AFTER MARRIAGE:

STREET OR P.O. BOX #: _____

CITY: _____ STATE: _____ ZIP: _____