



# MARRIAGE LICENSE WORKSHEET

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: \_\_\_\_\_ RATE OF BIRTH: \_\_\_\_\_

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## MONTH

DAY

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## 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: \_\_\_\_\_

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? \_\_\_\_\_

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

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

2<sup>ND</sup> \_\_\_\_\_

3<sup>RD</sup> \_\_\_\_\_

4111

**MAILING ADDRESS USED AFTER MARRIAGE:**

STREET OR P.O. BOX #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_