

WEDDING LICENSE WORKSHEET - THIS IS NOT A LICENSE

PLEASE PRINT ALL INFORMATION

This information is used to prepare your
license - **THIS IS NOT YOUR LICENSE**

WEDDING DATE: _____
(License is valid for 60 days)

| | | | | | |
|---|---------------------------------------|-------------------------|--|--|-------------|
| MALE | NAME: (FULL NAME, NO INITIALS) | | | DATE OF BIRTH: | |
| | ADDRESS: | COUNTY: | | BIRTHPLACE: (State or Country) | |
| | CITY: | STATE: | ZIP: | | |
| | SOCIAL SECURITY NUMBER: | | | | |
| FEMALE | NAME: (FULL NAME, NO INITIALS) | | MAIDEN NAME (If Different) | DATE OF BIRTH: | |
| | ADDRESS: | | COUNTY: | BIRTHPLACE: (State or Country) | |
| | CITY: | | STATE: | | ZIP: |
| | SOCIAL SECURITY NUMBER: | | | | |
| MALE | Race | Number of this Marriage | Last Marriage Ended By (please circle one) Death Divorce Annulment | Date Last Marriage Ended (month, day, year) | |
| FEMALE | Race | Number of this Marriage | Last Marriage Ended By (please circle one) Death Divorce Annulment | Date Last Marriage Ended (month, day, year) | |
| <p>PLEASE LIST A DAYTIME TELEPHONE NUMBER FOR BOTH PARTIES:</p> <p>MALE'S DAYTIME TELEPHONE # : _____ FEMALE'S DAYTIME TELEPHONE # : _____</p> | | | | | |
| <p>MAILING ADDRESS TO WHICH YOU WOULD LIKE YOUR CERTIFIED COPY MAILED AFTER YOU ARE MARRIED:</p> <p>_____</p> <p>STREET ADDRESS</p> <p>_____</p> <p>CITY STATE ZIP CODE</p> | | | | | |