## Application for Marriage License

Applicant 1			Male Female
ULL NAME			
	First	Middle	Last
DDRESS	Street	g:	G
	Street	City	State
Zip Code	County	Phone #	
OATE OF BIRTH	AGE	RACE BIRTH PLAC	E
		ARE YOU AND YOUR FL	City/State  ANCÉE RELATED?
DESIGNATED SURNAM	Œ	MAIDEN NAM	IE_
(	(Are you changing your last name	2?)	
OF PREVIOUS MARRI (If you've been married before FINAL DIVORCE DECREE	[AGES (If none put z.e., you must show proof of dissolv or DEATH CERTIFICATE)	ero (0) SOCIAL SECURI' ed marriage:	ΓΥ #
ATHER	le initial/Last	HIS STATE OF BI	IRTH
First/Middi	le initial/Last		
MOTHER	le Initial/ Last name at birth	HER STATE OF E	BIRTH
First/Midai	ie Initiai/ Last name at birth		
		OW?	
OUR WEDDING DATE			
OUR WEDDING DATE			ounty
OUR WEDDING DATE			
OUR WEDDING DATE OCATION OF YOUR W	VEDDINGCity	State Co	ounty  Male Female
YOUR WEDDING DATE			ounty
YOUR WEDDING DATE LOCATION OF YOUR W Applicant 2: TULL NAME	VEDDINGCity First	State Co Middle	Male Female
OUR WEDDING DATE OCATION OF YOUR W Applicant 2: OULL NAME	VEDDINGCity  First  Street	State Co Middle City	ounty  Male Female
OUR WEDDING DATE OCATION OF YOUR W Applicant 2: ULL NAME DDRESS	VEDDING	State Co  Middle  City  Phone #	Male Female  Last  State
OUR WEDDING DATE OCATION OF YOUR WARPHICANT 2: OULL NAME ODDRESS	VEDDING	State Co  Middle  City  Phone #	Male Female  Last  State
COUR WEDDING DATE LOCATION OF YOUR WARPHICANT 2: CULL NAME LODRESS LIP Code DATE OF BIRTH	First  Street  County  AGE	State Co  Middle  City  Phone #  RACE BIRTH PLACE	Male Female  Last  State
COUR WEDDING DATE  LOCATION OF YOUR WARPHICANT 2:  LULL NAME  LULL NAME  LIP Code  DATE OF BIRTH  DOCCUPATION	First  Street  County  AGE	State Co  Middle  City  Phone #  RACE BIRTH PLA  ARE YOU AND YOUR FLA	Male Female  Last  State  CE
COUR WEDDING DATE LOCATION OF YOUR WARPHICANT 2: FULL NAME ADDRESS DATE OF BIRTH DESIGNATED SURNAM	First  Street  County  AGE  (Are you changing your last to	State Co  Middle  City  Phone #  RACE BIRTH PLA  ARE YOU AND YOUR FLA  MAIDEN NA	Male Female  Last  State  CECity/State  ANCÉE RELATED?
COUR WEDDING DATE COCATION OF YOUR WARPHICANT 2: CULL NAME CODDRESS CIP Code COCCUPATION COCCUPATION COF PREVIOUS MARRING You've been married before	First  Street  County  AGE	State Co  Middle  City  Phone #  RACE BIRTH PLA  ARE YOU AND YOUR FLA  MAIDEN NA  mame?)  ero (0) SOCIAL S	Male Female  Last  State  CECity/State  ANCÉE RELATED?
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Applicant 2: FULL NAME  ADDRESS  DATE OF BIRTH  DESIGNATED SURNAM  OF PREVIOUS MARRI If you've been married before FINAL DIVORCE DECREE	First  Street  County  AGE  (Are you changing your last to you must show proof of dissolved or DEATH CERTIFICATE)	State Co  Middle  City  Phone #  RACE BIRTH PLA  ARE YOU AND YOUR FLA  MAIDEN NA  mame?)  ero (0) I marriage:  HIS STATE OF BI	Male Female  Last  State  CECity/State  ANCÉE RELATED?

The cost is \$76. A discounted price of \$36 is offered to couples upon completion of at least 6 hours of pre-marital counseling and the submission of the required certificate. Please inquire for details.