

**This is an Application Only
PRINT LEGIBLY**

Local Registration # _____ Date: _____ Time: _____

PERSONAL DATA:

NAME: First _____ Middle: _____

Last: _____ Maiden: _____

Social Security# _____

Date of Birth: _____ Age _____ State of Birth: _____

If born abroad...give name of Country _____

Residence Address: (Street & Number/City/State/Zip Code & Parish or County) _____

Mailing Address: (If Different) _____

Occupation: _____

Highest Grade Completed: _____ (1-12 or + College)

List all of your Previous Marriages:*** Give name of each former spouse, if the marriage ended by death or divorce, the date of each., & city and state where the divorce was granted.***

1. _____

2. _____

3. _____

(If additional space is required....continue on the back of this page)

Full name of Father: _____ State of Birth: _____

If born abroad...give name of Country _____

(Full) MAIDEN Name of Mother: _____

State of Birth : _____ If born abroad...give name of Country: _____

***I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS
CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND
THAT I AM FREE TO MARRY UNDER THE LAWS OF THIS STATE.***

Signature: _____

Color or Race: _____ Telephone Number: _____

Are you related? (CIRCLE ONE) YES NO

(If the answer is yes, list how you are related _____

Deputy Clerk of Court