

Traveling Minister YES  NO

DATE of MARRAGE: \_\_\_\_\_

**CONFIDENTIAL MARRIAGE LICENSE  
INFORMATION MUST BE LEGIBLE**

TIME: \_\_\_\_\_

ENGLISH

SPANISH

<b>1st Person</b> Bride or Groom	A. FIRST NAME				1B. MIDDLE	
	1C. CURRENT LAST				1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C)	
	2. DATE OF BIRTH --/--/--	3. STATE/COUNTRY OF BIRTH	4. # PREV. MARRIAGES	5A. LAST MARRAGE/SRDP ENDED BY: DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT <input type="checkbox"/> N/A <input type="checkbox"/>		5B. DATE ENDED --/--/----
	6. HOME ADDRESS		7. CITY	8. STATE/COUNTRY	9. ZIP CODE	
	10A. FULL NAME OF FATHER			10B. STATE OF BIRTH (IF OUTSIDE THE U.S. ENTER COUNTRY)		
	11A. FULL BIRTH NAME OF MOTHER			11B. STATE OF BIRTH (IF OUTSIDE THE U.S. ENTER COUNTRY)		
<b>2nd Person</b> Bride or Groom	12A. FIRST NAME				12B. MIDDLE	
	12C. CURRENT LAST				12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C)	
	13. DATE OF BIRTH --/--/--	14. STATE/COUNTRY OF BIRTH	15. # PREV. MARRIAGES	16A. LAST MARRAGE/SRDP ENDED BY: DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT <input type="checkbox"/> N/A <input type="checkbox"/>		16B. DATE ENDED --/--/----
	17. MAILING ADDRESS IF DIFFERENT THAN ABOVE		18. CITY	19. STATE/COUNTRY	20. ZIP CODE	
	21A. FULL NAME OF FATHER			21B. STATE OF BIRTH (IF OUTSIDE THE U.S. ENTER COUNTRY)		
	22A. FULL BIRTH NAME OF MOTHER			22B. STATE OF BIRTH (IF OUTSIDE THE U.S. ENTER COUNTRY)		

**Change of Last Name (If you choose not to change, Social Security Office will not change your name on SS Card)**

1A. FIRST NAME	1B. MIDDLE	1C. CHANGE OF LAST NAME
12. FIRST NAME	12B. MIDDLE	12C. CHANGE OF LAST NAME
Phone/Cell # _____ E-mail _____		Phone/Cell # _____ E-mail _____

**-----NOTE: PLEASE DO NOT FILL OUT THIS BOTTOM PORTION, THANK YOU! -----**

WEDDING	MAIL	PICTURE PCK.			TOTAL	RECEIPT
\$	\$	\$	\$	\$	\$	--
				PAID		#
				BALANCE		--
				PAID		#
				BALANCE		--
				PAID		#
				BALANCE		--