County Marriage License #:		
•	(Office Use Only)	

APPLICANT 1:					
Full Name:					
First	Middle		Last		
Address:					
Street	City		State		Zip Code
County:		Phone #	:		
Birth Date:	Age:SS	#:			
Marital Status:					
Single/Never Married			Gender: M	F	_
Single/Spouse Deceased					
Divorced – Certified Copy of Decree Must B Are you related to your Fiancée? No Yes					
	_				
New Middle Name:	New Surns		st Name Only)		
(Enter Midale Name Only)			• .		
APPLICANT 2:					
C. U.N.					
Full Name:	 Middle		Last		
rust	muut		Lusi		
Address:					
Street	City	1	State		Zip Code
County:		Phone #:			_
Birth Date:					
Ji tii Date.	Age 551	π•			
Marital Status:			Gender: M	F	_
Single/Never Married Single/Spouse Deceased					
Divorced – Certified Copy of Decree Must B	e Attached				
Are you related to your Fiancée? No Yes					
New Middle Name:	New Sur	name:			
(Enter Middle Name Only)			st Name Only)		
	OATH				
By signing this form you are put unde		he truth and	d provide accur	ate info	rmation o
the application for a marriage license					
Misdemeanor punishable by up to one					
they were placed under oath prior to					
		шогшаноп	and that they	were a	ware of th
penalties for providing false informatio	11.				
Applicant Sign Name	Арр	olicant Sign	Name		
Applicant Print Name	Арр	olicant Print	Name		
Date of Wedding:					
· · · · · · · · · · · · · · · · · · ·					
Ceremony Location:					
0.0m · 4					