

Marriage Pre-Application Worksheet

Please complete the following information which is required to process your marriage license. Your Social Security number is required by FSS 741.04 and information noted with an * is required by vital statistics and will not be recorded.

Spouse Information

1a. First Name	1b. Middle Name	1c. Last Name
		1d. Maiden Surname
2a. Residence (City, Town, or Location):	2b. Residence County:	2c. Residence State or Foreign Country:
3a. Date of Birth (mm, dd, yyyy): ____/____/____	3b. State or Country of Birth:	4. Social Security Number: ____/____/____
5. *Race (please check one): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan <input type="checkbox"/> Other	6. Did you complete a premarital preparation course? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please attach the completion form.</i>	
8a. *Number of this marriage: _____ Enter '1' for first marriage and Skip 8b and 8c.	8b. *If previously married, enter date ended (mm, dd, yyyy): ____/____/____	8c. *If previously married, check how ended: <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment

Spouse Information

9a. First Name	9b. Middle Name	9c. Last Name
		9d. Maiden Surname
10a. Residence (City, Town, or Location)	10b. Residence County	10c. Residence State or Foreign Country:
11a. Date of Birth (mm, dd, yyyy): ____/____/____	11b. State or Country of Birth:	12. Social Security Number: ____/____/____
13. *Race (please check one): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan <input type="checkbox"/> Other	14. Did you complete a premarital preparation course? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please attach the completion form.</i>	
16a. *Number of this marriage: _____ Enter '1' for first marriage and Skip 16b and 16 c.	16b. * If previously married, enter Date ended (mm, dd, yyyy): ____/____/____	16c. *If previously married, check how ended: <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment

General Information

17a. Mailing Street	17b. Mailing City	17c. Mailing State	17d. Mailing Zip:
18. Telephone	19. Planned date of marriage (mm, dd, yyyy):	20. Total number of certified copies:	