

APPLICATION FOR MARRIAGE LICENSE

PICTURE I.D. IS REQUIRED WITH THIS FORM

IF YOU HAVE HAD MARRIAGE COUNSELING, YOU WILL NEED TO PRESENT YOUR COUNSELING LETTER AT THE TIME OF APPLICATION FOR YOUR MARRIAGE LICENSE.

PLEASE TYPE OR PRINT CLEARLY

APPROPRIATE TITLE (BRIDE, GROOM, SPOUSE): _____

DATE OF SCHEDULED CEREMONY (MM/DD/YYYY): _____

HAVE YOU HAD MARRIAGE COUNSELING: _____

ARE BOTH PARTIES IN THIS MARRIAGE PARENTS OF COMMON CHILDREN BORN IN THE STATE OF FLORIDA? (IF YES, THEN YOU MUST ALSO FILL OUT THE AFFIRMATION OF COMMON CHILDREN) BORN IN FLORIDA FORM) _____

1. FULL NAME _____
(FIRST) (MIDDLE) (LAST)

IF YOU ARE FEMALE, WHAT IS YOUR MAIDEN NAME: _____

2. DATE OF BIRTH: _____ AGE: _____

3. CITY, COUNTY AND STATE OF RESIDENCE: _____
(CITY) (COUNTY) (STATE)

4. PLACE OF BIRTH: _____ OR _____
(STATE) (COUNTRY)

5. SOCIAL SECURITY NUMBER _____ - _____ - _____

6. NUMBER OF THIS MARRIAGE (EXAMPLE 1ST, 2ND, 3RD, ETC.) _____

7. IF YOU WERE PREVIOUSLY MARRIED, PLEASE COMPLETE THE FOLLOWING:

A. LAST MARRIAGE ENDED BY (DIVORCE, DEATH OR ANNULMENT) _____

B. DATE LAST MARRIAGE ENDED (MM/DD/YYYY): _____

C. ADDRESS AFTER MARRIAGE: _____

D. PHONE NUMBER: _____

Signature of Applicant

Printed Name of Applicant

Sworn to and subscribed before me this _____ day of _____
20_____.

Signature of Deputy Clerk

Printed Name of Deputy Clerk