**APPLICATION FOR MARRIAGE LICENSE**

VALID 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. **(F.S. 741.04)**

**PLEASE TYPE OR PRINT CLEARLY**

APPROPRIATE TITLE (BRIDE/GROOM OR APPLICANT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF SCHEDULED CEREMONY (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN WHICH COUNTY WILL YOU GET MARRIED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU HAD MARRIAGE COUNSELING **(F.S. 741.04)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PER FLORIDA STATUES **(F.S.** **741.21)**

ARE YOU RELATED BY LINEAL CONSANGUINITY? \_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_

ARE BOTH PARTIES IN THIS MARRIAGE PARENTS OF COMMON CHILDREN BORN IN THE STATE OF FLORIDA? (IF YES, COMPLETE THE AFFIRMATION OF COMMON CHILDREN BORN IN FLORIDA FORM) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. FULL NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(FIRST) (MIDDLE) (LAST)

2. IF FEMALE APPLICANT, WHAT IS YOUR MAIDEN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE:\_\_\_\_\_\_\_\_\_ ETHNICITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. CITY, COUNTY AND STATE OF RESIDENCE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(CITY) (COUNTY) (STATE)

5. PLACE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (STATE) (COUNTRY)

6. SOCIAL SECURITY NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_

7. ADDRESS AFTER MARRIAGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. NUMBER OF THIS MARRIAGE (EXAMPLE 1ST, 2ND, 3RD, ETC.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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