

# 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): \_\_\_\_\_

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

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: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_

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

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

5. SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. ADDRESS AFTER MARRIAGE: \_\_\_\_\_  
\_\_\_\_\_

7. PHONE NUMBER \_\_\_\_\_

8. NUMBER OF THIS MARRIAGE (EXAMPLE 1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>, ETC.) \_\_\_\_\_

9. 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