

# Bride – Marriage License Application Worksheet

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Maiden Last Name \_\_\_\_\_

Residence - State \_\_\_\_\_ County \_\_\_\_\_ City, Town \_\_\_\_\_

City Limits: Yes or No

Street Address \_\_\_\_\_

Birth Place (County & State) \_\_\_\_\_

Date of Birth (Month,Day,Year) \_\_\_\_\_ Age \_\_\_\_\_

Social Security # \_\_\_\_\_

-----  
Father's Name \_\_\_\_\_

State of Birth \_\_\_\_\_

Address if living (City & State) \_\_\_\_\_

check if Deceased \_\_\_\_\_

Mother's Name at birth (Maiden Name) \_\_\_\_\_

State of Birth \_\_\_\_\_

Address if living (City & State) \_\_\_\_\_

check if Deceased \_\_\_\_\_

Race (Optional) \_\_\_\_\_ Number of this marriage - First, Second, etc.(Specify) \_\_\_\_\_

\_\_\_\_\_  
Last marriage ended by (Divorce, Death, etc) \_\_\_\_\_

Date last marriage ended (Month & Year) \_\_\_\_\_

\_\_\_\_\_  
Education - Specify the highest grade completed

Elementary \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_  
1 2 3 4 5 6 7 8                      9 10 11 12                      1 2 3 4 5 6

\_\_\_\_\_  
Minister: \_\_\_\_\_

Phone Number of the Minister: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Phone Number of Bride or Groom: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_