

LICENSE TO MARRY - INFORMATION SHEET

Please complete the following information.

GROOM'S INFORMATION

FULL NAME:	FIRST	MIDDLE	LAST
SS NUMBER: (US RESIDENTS)			
PASSPORT NUMBER: (NON-US RESIDENTS)	PASSPORT NUMBER	COUNTRY ISSUED	
DAYTIME PHONE:			
DATE OF BIRTH:	MONTH	DAY	YEAR
BIRTHPLACE:	CITY	STATE	COUNTRY
RACE:	<input type="checkbox"/> WHITE	<input type="checkbox"/> BLACK	<input type="checkbox"/> HISPANIC
		<input type="checkbox"/> AMERICAN INDIAN	<input type="checkbox"/> ORIENTAL ASIAN
			<input type="checkbox"/> OTHER
RESIDENCE:	CITY	STATE	COUNTRY
NUMBER OF THIS MARRIAGE:			
LAST MARRIAGE ENDED IN:	<input type="checkbox"/> DIVORCE	<input type="checkbox"/> DEATH	<input type="checkbox"/> ANNULMENT
LAST MARRIAGE ENDED:	MONTH	DAY	YEAR

BRIDE'S INFORMATION

FULL NAME:	FIRST	MIDDLE	LAST
SS NUMBER: (US RESIDENTS)			
PASSPORT NUMBER: (NON-US RESIDENTS)	PASSPORT NUMBER	COUNTRY ISSUED	
DAYTIME PHONE:			
DATE OF BIRTH:	MONTH	DAY	YEAR
BIRTHPLACE:	CITY	STATE	COUNTRY
RACE:	<input type="checkbox"/> WHITE	<input type="checkbox"/> BLACK	<input type="checkbox"/> HISPANIC
		<input type="checkbox"/> AMERICAN INDIAN	<input type="checkbox"/> ORIENTAL ASIAN
			<input type="checkbox"/> OTHER
RESIDENCE:	CITY	STATE	COUNTRY
NUMBER OF THIS MARRIAGE:			
LAST MARRIAGE ENDED IN:	<input type="checkbox"/> DIVORCE	<input type="checkbox"/> DEATH	<input type="checkbox"/> ANNULMENT
LAST MARRIAGE ENDED:	MONTH	DAY	YEAR

WEDDING INFORMATION

WEDDING DATE: _____

WEDDING VENUE: _____

WEDDING PLANNER: _____

MAILING ADDRESS: _____

YOUR EMAIL: _____