

# Marriage License Application

**M - F 8:00am-4:30pm – Be Together**  
**Valid Government ID (ex: Drivers License)**  
**\$35.00 Cash, Check, MO, Credit or Debit Cards**

## Applicant 1:

First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Maiden Last Name (if applicable) \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_

Address (where living now) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Race (white, black, hispanic, etc...) \_\_\_\_\_

State of Birth (if not in the US, then country) \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent 1 Name (maiden name if applicable) \_\_\_\_\_

Parent 1 State of Birth (if not in the US, then country) \_\_\_\_\_

Parent 2 Name (maiden name if applicable) \_\_\_\_\_

Parent 2 State of Birth (if not in the US, then country) \_\_\_\_\_

Number of this Marriage (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc...) \_\_\_\_\_  
How Previous Marriage Ended (death, divorce, etc...) \_\_\_\_\_  
When Ended (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Applicant 2:

First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Maiden Last Name (if applicable) \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_

Address (where living now) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Race (white, black, hispanic, etc...) \_\_\_\_\_

State of Birth (if not in the US, then country) \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent 1 Name (maiden name if applicable) \_\_\_\_\_

Parent 1 State of Birth (if not in the US, then country) \_\_\_\_\_

Parent 2 Name (maiden name if applicable) \_\_\_\_\_

Parent 2 State of Birth (if not in the US, then country) \_\_\_\_\_

Number of this Marriage (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc...) \_\_\_\_\_  
How Previous Marriage Ended (death, divorce, etc...) \_\_\_\_\_  
When Ended (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_  
City of Marriage: \_\_\_\_\_  
County of Marriage: \_\_\_\_\_  
Name of Officiator: \_\_\_\_\_  
Officiator Title: \_\_\_\_\_