

BRIDE/GROOM/SPOUSE Circle One (optional) Marriage Date \_\_\_\_\_

Official Performing Ceremony: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Sex \_\_\_\_\_ (optional)

Last Name After Marriage: \_\_\_\_\_

Birth Name – if different: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Is residence within limits of incorporated village or city: Yes No

County: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
City State

Usual Occupation: \_\_\_\_\_

Type of Industry or Business: \_\_\_\_\_

Father or Parent Name: \_\_\_\_\_ Country of Birth USA  
First Last Yes/No if No Where \_\_\_\_\_

Mother or Parent Name: \_\_\_\_\_ Country of Birth USA  
First Maiden Yes/No if No Where \_\_\_\_\_

Number of this Marriage: \_\_\_\_\_

If previous Marriages, which ended by:

Divorce: \_\_\_\_\_ Civil Annulment: \_\_\_\_\_ Death: \_\_\_\_\_

Last marriage ended in: \_\_\_ Divorce \_\_\_ Death \_\_\_ Annulment Date Ended: \_\_\_\_\_

Are any former spouse (s) alive? Yes No

**OFFICE USE**

	Date of Decree	Place Issued	Against Whom	
			Self	Spouse
1 <sup>st</sup>	_____	_____	_____	_____
2 <sup>nd</sup>	_____	_____	_____	_____