

Marriage Date: _____

Officiant: _____ Location of ceremony: _____

Your Name: _____
Last First Middle

Social Security Number: _____ Sex (optional): _____

Last Name After Marriage: _____

Will you be changing your middle name? No Yes*one or both parties may elect to change their middle name and may change it to be your current last name (maiden name), a former/previous last name, or last name of spouse. 12/20/2020

If yes, what will be your Middle Name after marriage: _____

Birth Name (if different): _____

Current Address: _____
City State Zip Code

County: _____ Township: _____

Phone: _____ Is your current residence in the village or city? Yes No

Birth Date: _____ Birthplace: _____

Usual Occupation/Type of Business: _____

Father's Name: _____ Country of Birth: USA Other
First Last If Other, Where: _____

Mother's Name: _____ Country of Birth: USA Other
First Maiden If Other, Where: _____

Mailing address for completed marriage license after the ceremony:

Previous Marriage(s): Yes No

If YES – please see additional questions below. If NO, your form is now complete.

If YES, how many? _____ Last marriage ended in: Divorce Civil Annulment Death

Are any former spouse(s) alive? Yes No

FOR OFFICE USE

DATE OF DECREE

PLACE ISSUED

AGAINST WHOM

1st _____ Self Spouse No Fault

2nd _____ Self Spouse No Fault

3rd _____ Self Spouse No Fault

