

**This is an Application Only
PRINT LEGIBLY**

Local Registration # _____ Date: _____ Time: _____

PERSONAL DATA:

NAME: First: _____ Middle: _____
Last: _____ Social Security# _____

Date of Birth: _____ Age _____ State of Birth: _____
If born abroad...give name of Country _____

Residence Address: (Street & Number/City/ State/ Zip Code & Parish or
County) _____

Mailing Address: (If Different) _____

Occupation: _____

Highest Grade Completed: _____ (1-12 or + College)

List all of your Previous Marriages:*** Give name of each former spouse,
if the marriage ended by death or divorce, the date of each, & city and state
where the divorce was granted.***

1. _____

2. _____

3. _____

(If additional space is required... Continue on the back of this page)

Full name of Father: _____ State of Birth: _____
If born abroad...give name of Country _____

(Full) MAIDEN Name of Mother: _____
State of Birth: _____ If born abroad, .give name of Country: _____

***I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS
CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND
THAT I AM FREE TO MARRY UNDER THE LAWS OF THIS STATE.***

Signature: _____

Color or Race: _____ Telephone number: _____

Are you related? (CIRCLE ONE) YES NO
(If the answer is yes, please list how you are Related.... _____

Deputy Clerk of Court