

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 st	_____	_____	_____	_____
2 nd	_____	_____	_____	_____