

Is the Wedding Date within 60 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of wedding ceremony:		
Phone Number of Bride/Groom/Spouse:			Mailing Address of Bride/Groom/Spouse: <i>(valid after ceremony)</i>		
<b>BRIDE/GROOM/SPOUSE</b>			<b>BRIDE/GROOM/SPOUSE</b>		
First Name	Middle Name	Last Name <i>(current)</i>	First Name	Middle Name	Last Name <i>(current)</i>
Birth Name, if different:			Birth Name, if different:		
Middle Name <i>(if changing)</i>		Last Name <i>(if changing)</i>	Middle Name <i>(if changing)</i>		Last Name <i>(if changing)</i>
Social Security Number:			Social Security Number:		
Current Address: Street, Town, State & Zip Code			Current Address: Street, Town, State & Zip Code		
<b>County:</b>			<b>County:</b>		
Is residence in an incorporated village? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is residence in an incorporated village? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Birth [Month/Day/Year]:		Age:	Date of Birth [Month/Day/Year]:		Age:
Job Title, usual occupation:			Job Title, usual occupation:		
City & State of Birth (Country if not in USA):			City & State of Birth (Country if not in USA):		
Father's Name (First & Last):			Father's Name (First & Last):		
Father's Country of Birth:			Father's Country of Birth:		
Mother's Birth Name (First & Last):			Mother's Birth Name (First & Last):		
Mother's Country of Birth:			Mother's Country of Birth:		
Have you ever been married before, in any state/country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the number of this marriage: Date last marriage ended: Place divorce was issued: Against whom: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Mutual If divorced, are any former spouses alive? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you ever been married before, in any state/country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the number of this marriage: Date last marriage ended: Place divorce was issued: Against whom: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Mutual If divorced, are any former spouses alive? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b><i>You must supply Final Judgement(s) of Divorce and/or Death Certificates for any and <u>ALL</u> former marriages.</i></b>			<b><i>You must supply Final Judgement(s) of Divorce and/or Death Certificates for any and <u>ALL</u> former marriages.</i></b>		