

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: _____

Current 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
1st	_____	_____	_____	_____
2nd	_____	_____	_____	_____