

MARRIAGE LICENSE INFORMATION

APPLICANT 1 GROOM BRIDE PARTNER

Applicant 1's Name First _____ Middle _____ Last _____ Suffix _____ Original Surname _____ Birth State _____

Father / Parent 1's Name First _____ Middle _____ Last _____ Suffix _____ Original Surname _____ Birth State _____

Mother / Parent 2's Name First _____ Middle _____ Last _____ Suffix _____ Original Surname _____ Birth State _____

Applicant 1's Address Street and Number _____ Social Security Number _____

City _____ State _____ Zip _____

County _____

Marriage Number _____

How Prev. Marriage Ended _____

Date Prev. Marriage Ended _____

Gender _____

Applicant 1's Birth Date _____ Age _____

19a. Applicant 1: Race (Check one or more races to indicate how the Applicant identifies.)

- White Black or African American
 American Indian or Alaskan Native
Name of enrolled or principal tribe (specify) _____
 Asian Indian Chinese Filipino
 Japanese Korean Vietnamese
 Other Asian, specify _____ Native Hawaiian
 Guamanian or Chamorro Samoan
 Other Pacific Islander, specify _____
 Other, specify _____ Unknown

18a. Applicant 1: Hispanic Origin (Check the box that best describes whether the Applicant is Spanish/Hispanic/Latino. Check the "No" box if Applicant 1 is not Spanish/Hispanic/Latino.)

- No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican American
 Yes, Puerto Rican Yes, Cuban
 Yes, other Spanish/Hispanic/Latino Unknown

APPLICANT 2 GROOM BRIDE PARTNER

Applicant 2's Name First _____ Middle _____ Last _____ Suffix _____ Original Surname _____ Birth State _____

Father / Parent 1's Name First _____ Middle _____ Last _____ Suffix _____ Original Surname _____ Birth State _____

Mother / Parent 2's Name First _____ Middle _____ Last _____ Suffix _____ Original Surname _____ Birth State _____

Applicant 2's Address Street and Number _____ Social Security Number _____

City _____ State _____ Zip _____

County _____

Marriage Number _____

How Prev. Marriage Ended _____

Date Prev. Marriage Ended _____

Gender _____

Applicant 2's Birth Date _____ Age _____

19b. Applicant 2: Race (Check one or more races to indicate how the Applicant identifies.)

- White Black or African American
 American Indian or Alaskan Native
Name of enrolled or principal tribe (specify) _____
 Asian Indian Chinese Filipino
 Japanese Korean Vietnamese
 Other Asian, specify _____ Native Hawaiian
 Guamanian or Chamorro Samoan
 Other Pacific Islander, specify _____
 Other, specify _____ Unknown

18b. Applicant 2: Hispanic Origin (Check the box that best describes whether the Applicant is Spanish/Hispanic/Latino. Check the "No" box if Applicant 2 is not Spanish/Hispanic/Latino.)

- No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican American
 Yes, Puerto Rican Yes, Cuban
 Yes, other Spanish/Hispanic/Latino Unknown