

What is your wedding date?

Have you traveled or been in contact with anyone who has traveled outside of the country within the last 90 days?

Have you been sick with a fever of 100.4 or higher or been in contact with anyone who has?

Applicant 1

First Middle Last Name Suffix

Woman's Maiden Name (if Applicable) Telephone Number

Street Address City State Zip

_____/_____/_____
Date of Birth Place of Birth (City, County, State) Social Security Number

Have you been divorced in the last 30 days?	Yes	No	Are you related to the other party?	Yes	No
Are you active in the military?	Yes	No	Are you delinquent on Child Support?	Yes	No
Are you presently married?	Yes	No			

Applicant 2

First Middle Last Name Suffix

Woman's Maiden Name (if Applicable) Telephone Number

Street Address City State Zip

_____/_____/_____
Date of Birth Place of Birth (City, County, State) Social Security Number

Have you been divorced in the last 30 days?	Yes	No	Are you related to the other party?	Yes	No
Are you active in the military?	Yes	No	Are you delinquent on Child Support?	Yes	No
Are you presently married?	Yes	No			

Address you want the license returned _____

Applicant 1 Signature

Applicant 2 Signature