

**COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS  
MARRIAGE LICENSE APPLICATION**

TYPE/PRINT IN PERMANENT BLACK INK

1. COUNTY ISSUING LICENSE	2a. WHERE MARRIED – CITY, BORO, TOWNSHIP	2b. COUNTY	3. DATE OF MARRIAGE (Month, Day, Year)
4a. NAME OF PERSON PERFORMING CEREMONY		4b. TITLE	4c. ADDRESS OF PERSON PERFORMING CEREMONY (Street, City or Town, State, ZIP Code)

APPLICANT A				APPLICANT B			
5a. NAME (First, Middle, Last)		5b. MAIDEN SURNAME (if different)		5c. NAME (First, Middle, Last)		5d. MAIDEN SURNAME (if different)	
6a. RESIDENCE – City, Boro, Township		6b. COUNTY		6d. RESIDENCE – City, Boro, Township		6e. COUNTY	
		6c. STATE				6f. STATE	
7a. BIRTHPLACE (State or Foreign Country)		7b. DATE OF BIRTH (Month, Day, Year)	7c. SEX (M/F)	7d. AGE LAST BIRTHDAY	7e. BIRTHPLACE (State or Foreign Country)		7f. DATE OF BIRTH (Month, Day, Year)
							7g. SEX (M/F)
							7h. AGE LAST BIRTHDAY
8a. NUMBER OF THIS MARRIAGE First, Second, etc. (Specify)		IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		8d. NUMBER OF THIS MARRIAGE First, Second, etc. (Specify)		IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED	
		8b. By death, divorce, annulment (Specify)		8c. DATE (Month, Day, Year)		8e. By death, divorce, annulment (Specify)	
						8f. DATE (Month, Day, Year)	
9a. TRANSMISSIBLE DISEASE?		9b. EDUCATION (Specify only highest grade completed)		9c. TRANSMISSIBLE DISEASE?		9d. EDUCATION (Specify only highest grade completed)	
<input type="checkbox"/> NO <input type="checkbox"/> YES		Elementary/Secondary (0-12)	College (1-4 or 5+)	<input type="checkbox"/> NO <input type="checkbox"/> YES		Elementary/Secondary (0-12)	College (1-4 or 5+)
10a. USUAL OCCUPATION				10b. USUAL OCCUPATION			
11a. FATHER/PARENT’S NAME (First, Middle, Last)		11b. BIRTHPLACE (State or Foreign Country)		11c. FATHER/PARENT’S NAME (First, Middle, Last)		11d. BIRTHPLACE (State or Foreign Country)	
12a. MOTHER/PARENT’S NAME (First, Middle, Last)				12b. MOTHER/PARENT’S NAME (First, Middle, Last)			
12c. MOTHER’S MAIDEN SURNAME (If applicable)		12d. BIRTHPLACE (State or Foreign Country)		12e. MOTHER’S MAIDEN SURNAME (If applicable)		12f. BIRTHPLACE (State or Foreign Country)	
13a. FATHER/PARENT’S RESIDENCE				13b. FATHER/PARENT’S RESIDENCE			
14a. FATHER/PARENT’S USUAL OCCUPATION				14b. FATHER/PARENT’S USUAL OCCUPATION			
15a. MOTHER/PARENT’S RESIDENCE				15b. MOTHER/PARENT’S RESIDENCE			
16a. MOTHER/PARENT’S USUAL OCCUPATION				16b. MOTHER/PARENT’S USUAL OCCUPATION			
17a. DOES APPLICANT SATISFY ALL PROVISIONS IN PENNSYLVANIA’S MARRIAGE LAW?				17e. DOES APPLICANT SATISFY ALL PROVISIONS IN PENNSYLVANIA’S MARRIAGE LAW?			
17b. IS APPLICANT WEAK-MINDED, INSANE, OF UNSOUND MIND OR UNDER GUARDIANSHIP AS A PERSON OF UNSOUND MIND?				17f. IS APPLICANT WEAK-MINDED, INSANE, OF UNSOUND MIND OR UNDER GUARDIANSHIP AS A PERSON OF UNSOUND MIND?			
17c. IS APPLICANT UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?				17g. IS APPLICANT UNDER THE INFLUENCE OF ALCOHOL DRUGS?			
17d. ARE BOTH APPLICANTS OUTSIDE THE PROHIBITED DEGREE OF CONSANGUINITY?				17h. ARE BOTH APPLICANTS OUTSIDE THE PROHIBITED DEGREE OF CONSANGUINITY?			
SIGNATURE OF PARENT OR GUARDIAN GIVING CONSENT, IF REQUIRED				SIGNATURE OF PARENT OR GUARDIAN GIVING CONSENT, IF REQUIRED			
WE, THE UNDERSIGNED, IN ACCORDANCE WITH THE STATEMENTS HEREINAFTER CONTAINED, THE FACTS AS SET FORTH WHEREIN WE AND EACH OF US DO SOLEMLY SWEAR ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, DO MAKE APPLICATION TO THE CLERK OF ORPHANS’ COURT TO MARRY.							
SIGNATURE OF APPLICANT A				SIGNATURE OF APPLICANT B			

18. DATE LICENSE ISSUED (Month, Day, Year)	19. DATE FILED BY LOCAL OFFICIAL (Month, Day, Year)	20. SIGNATURE AND TITLE OF LOCAL OFFICIAL
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