**MARRIAGE LICENSE APPLICATION**

**TYPE/PRINT IN PERMANENT BLACK INK**

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| 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 | 6c. STATE | 6d. RESIDENCE – City, Boro, Township | 6e. COUNTY | 6f. STATE |
| 7a. BIRTHPLACE (State or Foreign Country) | 7b. DATE OF BIRTH (Month, Day, Year) | 7c. SEX (M/F/X) | 7d. AGE LAST BIRTHDAY | 7e. BIRTHPLACE (State or Foreign Country) | 7f. DATE OF BIRTH (Month, Day, Year) | 7g. SEX (M/F/X) | 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?YESNO | 9b. EDUCATION  (Specify only highest grade completed) | 9b. TRANSMISSIBLE DISEASE?YESNO | 9d. EDUCATION  (Specify only highest grade completed) |
| Elementary/Secondary(0-12) | College(1-4 or 5+) | Elementary/Secondary(0-12) | College(1-4 or 5+) |
|  |  |  |  |
| 10a. USUAL OCCUPATION | 10b. USUAL OCCUPATION |
| **PARENT** **A**: 11a. NAME (First, Middle, Last) | 11b. LABEL (Father/Mother/Parent) | **PARENT A:** 11c. NAME (First, Middle, Last) | 11d. LABEL (Father/Mother/Parent) |
| 12a. MAIDEN SURNAME (If applicable) | 12b. BIRTHPLACE (State or Foreign Country) | 12c. MAIDEN SURNAME (If applicable) | 12d. BIRTHPLACE (State or Foreign Country) |
| 13a. RESIDENCE | 13b. RESIDENCE |
| 14a. USUAL OCCUPATION | 14b. USUAL OCCUPATION |
| **PARENT B:** 15a. NAME (First, Middle, Last) | 15b. LABEL (Father/Mother/Parent) | **PARENT B:** 15c. NAME (First, Middle, Last) | 15d. LABEL (Father/Mother/Parent) |
| 16a. MAIDEN SURNAME (If applicable) | 16b. BIRTHPLACE (State or Foreign Country) | 16c. MAIDEN SURNAME (If applicable) | 16d. BIRTHPLACE (State or Foreign Country) |
| 17a. RESIDENCE | 17b. RESIDENCE |
| 18a. USUAL OCCUPATION | 18b. USUAL OCCUPATION |
| 19a. IS APPLICANT WEAK-MINDED, INSANE, OF UNSOUND MIND, OR UNDER GUARDIANSHIP AS A PERSON OF UNSOUND MIND? | 19b. IS APPLICANT WEAK-MINDED, INSANE, OF UNSOUND MIND, OR UNDER GUARDIANSHIP AS A PERSON OF UNSOUND MIND? |
| 20a. IS APPLICANT UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? | 20b. IS APPLICANT UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? |
| 21a. ARE BOTH APPLICANTS OUTSIDE THE PROHIBITED DEGREE OF CONSANGUINITY? | 21b. ARE BOTH APPLICANTS OUTSIDE THE PROHIBITED DEGREE OF CONSANGUINITY? |
| WE, THE UNDERSIGNED, IN ACCORDANCE WITH THE STATEMENTS HEREINAFTER CONTAINED, THE FACTS AS SET FORTH WHEREIN WE AND EACH OF US DO SOLEMNLY 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 |
| 22a. DATE LICENSE ISSUED (Month, Day, Year) | 22b. DATE FILED BY LOCAL OFFICIAL (Month, Day, Year) | 22c. SIGNATURE AND TITLE OF LOCAL OFFICIAL |