

MARRIAGE LICENSE APPLICATION INFORMATION FORM

For Office Use Only:

Application/File No. _____

Application Date: _____

Deputy Clerk: _____

****Please Print****

Applicant No. 1 Information:

First Name: _____ Middle Name: _____ Last Name: _____

Suffix (please circle): JR, SR, II or III, if applicable

Maiden Name: _____ Date of Birth: _____ Social Security No.: _____

Place of Birth (State or Country): _____ Race: _____ or Not Stated _____

Current City: _____ State: _____ County: _____

Have you ever been married? yes or no

How many times? _____ Last marriage ended by divorce or death

Date last marriage ended: Month _____ Day _____ Year _____

****Please Print****

Applicant No. 2 Information:

First Name: _____ Middle Name: _____ Last Name: _____

Suffix (please circle): JR, SR, II or III, if applicable

Maiden Name: _____ Date of Birth: _____ Social Security No.: _____

Place of Birth (State or Country): _____ Race: _____ or Not Stated _____

Current City: _____ State: _____ County: _____

Have you ever been married? yes or no

How many times? _____ Last marriage ended by divorce or death (please provide a copy of the divorce decree or death certificate)

Date last marriage ended: Month _____ Day _____ Year _____

Do the parties applying for this marriage license have any children together? Yes No

If yes, were they born in the State of Florida? Yes No (if yes, please provide a copy of the birth certificate(s))

Mailing Address:

_____ City _____

State _____ Zip Code _____

Contact Phone No. _____

Primary Email Address: _____