

MARRIAGE APPLICATION - STATE OF FLORIDA ONLY

GROOM (Please print)

BRIDE (Please print)

Full Name: _____
(First, Middle & Last)

Full Name: _____
(First, Middle & Last)

County of Residence: _____

County of Residence : _____

Race (circle): Am. Indian/Asian/Black/Hispanic
Oriental/Other/White

Race (circle): Am. Indian/Asian/Black/Hispanic
Oriental/Other/White

Social Security No.: _____

Social Security No.: _____

Date of Birth: _____

Date of Birth: _____

***** If you are not at least 18 years of age, please notify Clerk ******

City of Residence: _____

City of Residence: _____

State of Residence: _____

State of Residence: _____

Maiden Name: _____

Birthplace: _____
(State or Foreign Country)

Birthplace: _____
(State or Foreign Country)

Previous Marriage Information

Previous Marriage Information

Is this your first marriage? _____(Y/N)

Is this your first marriage? _____(Y/N)

If no, what number marriage is this? _____

If no, what number marriage is this? _____

If no, how did your last marriage end? (circle)
Death/Divorce/Annulment

If no, how did your last marriage end? (circle)
Death/Divorce/Annulment

Date last marriage ended (mm/dd/yy)_____

Date last marriage ended (mm/dd/yy)_____

Mailing address:

Phone number:

Have you together/separately completed a premarital preparation course? _____ (Y/N)

When do you plan to be married? _____(mm/dd/yy)

Are you the parents of a child(ren) in common, born in the State of Florida? _____ (Y/N)

If yes, please complete the Affirmation of Common Children Born In Florida form attached.

We attest that we have obtained and read or otherwise accessed the information contained in the Family Law Handbook or other electronic media presentation of the rights and responsibilities of parties to a marriage specified in F.S. 741.0306. We hereby acknowledge that this license must be used in the State of Florida within the effective and expiration dates reflected on the license.

Grooms signature: _____

Brides signature: _____

Date: _____