

MARRIAGE APPLICATION - STATE OF FLORIDA ONLY

APPLICANT 1 (Please print)

APPLICANT 2 (Please print)

First name Middle name Last name

First name Middle name Last name

Sex (Check one): Male Female

Sex (Check one): Male Female

Race (Check one): American Indian Asian
 Black Hispanic White Other

Race (Check one): American Indian Asian
 Black Hispanic White Other

Social Security No.: |__|__|__| - |__|__| - |__|__|__|__|

Social Security No.: |__|__|__| - |__|__| - |__|__|__|__|

Date of Birth: |__|__| / |__|__| / |__|__|__|__|
Month Day Year

Date of Birth: |__|__| / |__|__| / |__|__|__|__|
Month Day Year

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

County of Residence: _____

County of Residence: _____

City of Residence: _____

City of Residence: _____

State of Residence: _____

State of Residence: _____

Birthplace: _____
(State or Foreign Country)

Birthplace: _____
(State or Foreign Country)

Birth Last Name: _____

Birth Last Name: _____

Previous Marriage Information:

Previous Marriage Information:

Is this your first marriage? Yes No
If No, this will be number 2 3 4 5 6
If No, last marriage ended by:
 Death Divorce Annulment

Is this your first marriage? Yes No
If No, this will be number 2 3 4 5 6
If No, last marriage ended by:
 Death Divorce Annulment

Date last marriage ended |__|__| / |__|__| / |__|__|__|__|
Month Day Year

Date last marriage ended |__|__| / |__|__| / |__|__|__|__|
Month Day Year

Have you together or separately completed a premarital preparation course? Yes No

When do you plan to be married? |__|__| / |__|__| / |__|__|__|__|
Month Day Year

Are you the parents of a child(ren) in common, born in the State of Florida? Yes No
If Yes, please complete the "Affirmation of Common Children Born in Florida" form attached.

Contact Mailing Address: _____

Contact Phone No: (|__|__|__|) |__|__|__| - |__|__|__|__|
Area Code Telephone Number

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.

Applicant 1 Signature: _____ Applicant 2 Signature: _____

Signature Date: _____