

Applicant I - Full Name (Please print)

Applicant II - Full Name (Please print)

First name Middle name Last name

First name Middle name Last name

Race (Check one only): American Indian Asian
 Black Hispanic White Other
Sex: Male Female

Race (Check one only): American Indian Asian
 Black Hispanic White Other
Sex: Male Female

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

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

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

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

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

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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 Name: _____

Birth Name: _____

Previous Marriage Information:

Previous Marriage Information:

Is this your first marriage? Yes No
If No, this will be number 1 2 3 4 _____
If No, last marriage end by: Death Divorce Annulment

Is this your first marriage? Yes No
If No, this will be number 1 2 3 4 _____
If No, last marriage end by: Death Divorce Annulment

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

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

Contact Mailing Address: _____

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

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

Have you, together or separately completed a premarital preparation course? Yes No (must present certificate of completion)

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.

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 and affirm that our information written herein is true and correct to the best of our knowledge. 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 I Signature: _____

Applicant II Signature: _____

Signature Date: _____

Signature Date: _____

STATE OF FLORIDA
COUNTY OF _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

Sworn to or affirmed and signed before me on _____ by _____.

Deputy Clerk.

Deputy Clerk.

[Print, type, or stamp name of clerk.]

[Print, type, or stamp name of clerk.]

- Personally known
- Produced identification (type: _____)

- Personally known
- Produced identification (type: _____)