

**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

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 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:**

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Is this your first marriage?  Yes  No  
If No, this will be number  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  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: \_\_\_\_\_)