

Saline County License No. _____

**THE NAMES ON YOUR MARRIAGE LICENSE SHOULD MATCH WHAT IS ON YOUR BIRTH CERTIFICATE.
PLEASE INCLUDE FULL "LEGAL" NAMES FOR BOTH APPLICANTS AND PARENTS.**

MARRIAGE WORKSHEET		
APPLICANT #1 PHONE #		APPLICANT #2 PHONE #
1a. APPLICANT #1-FULL NAME (First, Middle, Last, Suffix)		1b. MAIDEN LAST NAME (if applicable) 2. AGE
3a. COUNTRY	3b. STATE	3c. COUNTY
3d. CITY, TOWN OR LOCATION	3e. ADDRESS	3f. ZIP CODE
4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		5. DATE OF BIRTH (Mo,Day,Yr)
6a. FATHER'S FULL NAME (First, Middle, Last, Suffix)		6b. BIRTHPLACE (City and State or Foreign Country)
7a. MOTHER'S FULL MAIDEN NAME (First, Middle, Maiden)		7b. BIRTHPLACE (City and State or Foreign Country)
8a. APPLICANT #2-FULL NAME (First, Middle, Last, Suffix)		8b. MAIDEN LAST NAME (if applicable) 9. AGE
10a. COUNTRY	10b. STATE	10c. COUNTY
10d. CITY, TOWN OR LOCATION	10e. ADDRESS	10f. ZIP CODE
11. BIRTHPLACE (City and State or Foreign Country)		12. DATE OF BIRTH (Mo,Day,Yr)
13a. FATHER'S FULL NAME (First, Middle, Last, Suffix)		13b. BIRTHPLACE (City and State or Foreign Country)
14a. MOTHER'S FULL MAIDEN NAME (First, Middle, Last, Suffix)		14b. BIRTHPLACE (City and State or Foreign Country)
CONFIDENTIAL INFORMATION: INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THIS RECORD.		
15a. APPLICANT #1 - SOCIAL SECURITY NUMBER		15b. APPLICANT #2 - SOCIAL SECURITY NUMBER
16. If previously married, last marriage ended either by-		
APPLICANT #1: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment		Date Marriage Ended (mm/dd/yyyy) _____
APPLICANT #2: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment		Date Marriage Ended (mm/dd/yyyy) _____
17a. Is APPLICANT #1 of Hispanic or Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No		17b. Is APPLICANT #2 of Hispanic or Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No
RACE		
Check one or more races to indicate what each person considers him/herself to be:		
18a. APPLICANT #1	18b. APPLICANT #2	
_____	_____	White
_____	_____	Black or African American
_____	_____	American Indian or Alaska Native
_____	_____	Asian
_____	_____	Native Hawaiian or Other Pacific Islander

CEREMONY LOCATION: _____ COUNTY: _____

CONSENT GIVEN: _____ (applicant(s) less than 19 years of age)

The fee for this marriage license is \$34.00, (\$25.00 for marriage license and \$9.00 for one certified copy).

MAIL CERTIFIED COPY TO:

Applicant #1 Address _____ Applicant #2 Address _____ Other Address: _____