

MARRIAGE LICENSE APPLICATION

TYPE/PRINT IN PERMANENT BLACK INK

1. COUNTY ISSUING LICENSE		2a. WHERE MARRIED – CITY, BORO, TOWNSHIP		2b. COUNTY		3. DATE OF MARRIAGE (Month, Day, Year)		
4a. NAME OF PERSON PERFORMING CEREMONY			4b. TITLE		4c. ADDRESS OF PERSON PERFORMING CEREMONY (Street, City or Town, State, ZIP Code)			
APPLICANT A				APPLICANT B				
5a. NAME (First, Middle, Last)			5b. MAIDEN SURNAME (if different)		5c. NAME (First, Middle, Last)		5d. MAIDEN SURNAME (if different)	
6a. RESIDENCE – City, Boro, Township		6b. COUNTY		6c. STATE		6d. RESIDENCE – City, Boro, Township		
6e. COUNTY		6f. STATE		6g. STATE				
7a. BIRTHPLACE (State or Foreign Country)		7b. DATE OF BIRTH (Month, Day, Year)	7c. SEX (M/F/X)	7d. AGE LAST BIRTHDAY	7e. BIRTHPLACE (State or Foreign Country)		7f. DATE OF BIRTH (Month, Day, Year)	
7g. SEX (M/F/X)		7h. AGE LAST BIRTHDAY		7g. SEX (M/F/X)		7h. AGE LAST BIRTHDAY		
8a. NUMBER OF THIS MARRIAGE First, Second, etc. (Specify)		IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED			8d. NUMBER OF THIS MARRIAGE First, Second, etc. (Specify)		IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED	
		8b. By death, divorce, annulment (Specify)	8c. DATE (Month, Day, Year)				8e. By death, divorce, annulment (Specify)	8f. DATE (Month, Day, Year)
9a. TRANSMISSIBLE DISEASE?		9b. EDUCATION (Specify only highest grade completed)			9b. TRANSMISSIBLE DISEASE?		9d. EDUCATION (Specify only highest grade completed)	
<input type="checkbox"/> NO <input type="checkbox"/> YES		Elementary/Secondary (0-12)	College (1-4 or 5+)		<input type="checkbox"/> NO <input type="checkbox"/> YES		Elementary/Secondary (0-12)	College (1-4 or 5+)
10a. USUAL OCCUPATION				10b. USUAL OCCUPATION				
PARENT A: 11a. NAME (First, Middle, Last)			11b. LABEL (Father/Mother/Parent)		PARENT A: 11c. NAME (First, Middle, Last)			11d. LABEL (Father/Mother/Parent)
12a. MAIDEN SURNAME (If applicable)			12b. BIRTHPLACE (State or Foreign Country)		12c. MAIDEN SURNAME (If applicable)			12d. BIRTHPLACE (State or Foreign Country)
13a. RESIDENCE				13b. RESIDENCE				
14a. USUAL OCCUPATION				14b. USUAL OCCUPATION				
PARENT B: 15a. NAME (First, Middle, Last)			15b. LABEL (Father/Mother/Parent)		PARENT B: 15c. NAME (First, Middle, Last)			15d. LABEL (Father/Mother/Parent)
16a. MAIDEN SURNAME (If applicable)			16b. BIRTHPLACE (State or Foreign Country)		16c. MAIDEN SURNAME (If applicable)			16d. BIRTHPLACE (State or Foreign Country)
17a. RESIDENCE				17b. RESIDENCE				
18a. USUAL OCCUPATION				18b. USUAL OCCUPATION				
19a. IS APPLICANT WEAK-MINDED, INSANE, OF UNSOUND MIND, OR UNDER GUARDIANSHIP AS A PERSON OF UNSOUND MIND?				19b. IS APPLICANT WEAK-MINDED, INSANE, OF UNSOUND MIND, OR UNDER GUARDIANSHIP AS A PERSON OF UNSOUND MIND?				
20a. IS APPLICANT UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?				20b. IS APPLICANT UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?				
21a. ARE BOTH APPLICANTS OUTSIDE THE PROHIBITED DEGREE OF CONSANGUINITY?				21b. ARE BOTH APPLICANTS OUTSIDE THE PROHIBITED DEGREE OF CONSANGUINITY?				
WE, THE UNDERSIGNED, IN ACCORDANCE WITH THE STATEMENTS HEREINAFTER CONTAINED, THE FACTS AS SET FORTH WHEREIN WE AND EACH OF US DO SOLEMNLY SWEAR ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, DO MAKE APPLICATION TO THE CLERK OF ORPHANS' COURT TO MARRY.								
SIGNATURE OF APPLICANT A				SIGNATURE OF APPLICANT B				
22a. DATE LICENSE ISSUED (Month, Day, Year)		22b. DATE FILED BY LOCAL OFFICIAL (Month, Day, Year)		22c. SIGNATURE AND TITLE OF LOCAL OFFICIAL				