

**MARRIAGE WORKSHEET**

**APPLICANT NAME:**

**First:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last:** \_\_\_\_\_  
**Maiden (if different):** \_\_\_\_\_

**APPLICANT RESIDENCE INFORMATION:**

**Country:** \_\_\_\_\_  
**State:** \_\_\_\_\_  
**County:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**APPLICANT BIRTHPLACE:**

**Country:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**APPLICANT – FATHER INFORMATION:**

**First:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**APPLICANT – FATHER BIRTHPLACE:**

**Country:** \_\_\_\_\_  
**State:** \_\_\_\_\_  
**City:** \_\_\_\_\_

**APPLICANT – MOTHER MAIDEN INFORMATION**

**First:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**APPLICANT – MOTHER BIRTHPLACE:**

**Country:** \_\_\_\_\_  
**State:** \_\_\_\_\_  
**City:** \_\_\_\_\_

**CONFIDENTIAL INFORMATION: INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THIS RECORD**

**APPLICANT-SOCIAL SECURITY NUMBER:**

Social security number for both applicants shall be given, but if the applicant(s) does not have a social security number such applicant(s) may execute a waiver form.

If previously married, last marriage ended either by-  
 Death  Dissolution  Annulment Date Marriage Ended (Mo., Day., Yr.) \_\_\_\_\_

Is Applicant of Hispanic or Latino Origin?  Yes  No

**Race**

Check one or more races to indicate what Applicant considers him/herself to be

- White/Caucasian
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander