

APPLICATION FOR MARRIAGE LICENSE

Phone Number _____

PERSONAL PARTICULARS	CONTRACTING PARTIES					
	Applicant 1			Applicant 2		
FULL NAME: FIRST, MIDDLE, LAST						
RESIDENCE: STREET ADDRESS						
CITY, STATE & ZIP						
COUNTY	IN CITY LIMITS? YES NO			IN CITY LIMITS? YES NO		
AGE LAST BIRTHDAY, DATE OF BIRTH & RACE	AGE	DATE OF BIRTH	RACE-SPECIFY	AGE	DATE OF BIRTH	RACE-SPECIFY
BIRTHPLACE (CITY AND STATE OR COUNTRY IF NOT IN THE US)			SEX- SPECIFY			SEX- SPECIFY
SOCIAL SECURITY NUMBER						
OCCUPATION OR TRADE						
RELATIONSHIP OF PARTIES, IF ANY				ANY LEGAL IMPEDIMENT YES <input type="checkbox"/> NO <input type="checkbox"/>		
DESIGNATED SURNAME <small>(LAST NAME AFTER MARRIAGE)</small>						
Georgia Residents Only	Have you completed a premarital education program, was it within the last twelve months? Yes _____ No _____ (If so please give certificate to clerk along with application so that we may make a copy.)					
DATE & COUNTY OF CONTEMPLATED MARRIAGE						
MAIDEN NAME-						
NUMBER OF PREVIOUS MARRIAGES <small>(PLEASE CIRCLE ONE)</small>	1	2	3	4	5	OTHER _____
IF PREVIOUSLY MARRIED, HOW WAS MARRIAGE DISSOLVED?	DIVORCED _____ SPOUSE DECEASED _____			DIVORCED _____ SPOUSE DECEASED _____		
DATE/COUNTY/STATE OF FINAL DIVORCE DECREE						
FATHER'S NAME						
FATHER'S/MOTHER'S CURRENT RESIDENCE <small>(CITY/STATE, UNKNOWN OR DECEASED)</small>	FATHER'S _____ MOTHER'S _____			FATHER'S _____ MOTHER'S _____		
FATHER'S BIRTHPLACE(CITY, STATE, UNKNOWN)						
MOTHER'S FIRST & MAIDEN NAME						
MOTHER'S BIRTHPLACE(CITY, STATE, UNKNOWN)						

SIGNATURE OF Applicant 1 _____ SIGNATURE OF Applicant 2 _____

PLEASE ATTACH APPROPRIATE FEE AND RETURN TO CLERK.

\$76.00 Adult's license no premarital education certificate
\$78.00 Minor's license no premarital education certificate

\$36.00 Georgia Resident Adult's license with premarital education certificate
\$38.00 Georgia Resident Minor's license with premarital education certificate