QUESTIONNAIRE FOR
MARRIAGE LICENSE AFFIDAVIT
(Please print)

(Applicant 1)

NAME: _____
LAST **FIRST** **MIDDLE**

SSN_____

AGE: _____ **DATE OF BIRTH:** _____**STATE OF BIRTH:**_____

CURRENT RESIDENCE:

_____
CITY **COUNTY** **STATE**

(Applicant 2)

NAME: _____
LAST **FIRST** **MIDDLE**

SSN _____

AGE: _____**DATE OF BIRTH:** _____**STATE OF BIRTH:** _____

CURRENT RESIDENCE:

_____
CITY **COUNTY** **STATE**

Mail license to:

_____

_____

Telephone Number: _____