



# Marriage License Application

## Oath - Must be read by both parties

I, the undersigned, do solemnly swear or affirm:

- That I am eighteen (18) years old or older **OR** if I am under the age of eighteen (18) that I have parental, guardian, or court waiver;
- That I am not afflicted with any contagious sexually transmitted disease **OR** if I am afflicted with a contagious sexually transmitted disease that this fact is known to the other applicant;
- That I understand my marriage ceremony must take place between three (3) and 60 days from the date my marriage license is issued to be valid and legal;
- That the following is true and accurate.

### Party A

*Section 1: Complete in legible print with blue or black ink*

Legal Name:

\_\_\_\_\_  
First / Given Name                      Middle Name

\_\_\_\_\_  
Last / Family Name

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
mm/dd/yyyy

Place of Birth: \_\_\_\_\_  
State (or country if outside USA)

Current Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip

Previous Address: \_\_\_\_\_  
Street Address                      (if moved in last 6 months)

\_\_\_\_\_  
City                      State                      Zip

Check any boxes that apply:     Single     Divorced

Widowed     Under control of a guardian

*Section 2: Complete in presence of Deputy Auditor or Notary Public*

X \_\_\_\_\_  
Signature of Party A

Subscribed and sworn before me this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

X \_\_\_\_\_  
Signature of Deputy Auditor / Notary Public

Place notary seal here

### Party B

*Section 1: Complete in legible print with blue or black ink*

Legal Name:

\_\_\_\_\_  
First / Given Name                      Middle Name

\_\_\_\_\_  
Last / Family Name

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
mm/dd/yyyy

Place of Birth: \_\_\_\_\_  
State (or country if outside USA)

Current Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip

Previous Address: \_\_\_\_\_  
Street Address                      (if moved in last 6 months)

\_\_\_\_\_  
City                      State                      Zip

Check any boxes that apply:     Single     Divorced

Widowed     Under control of a guardian

*Section 2: Complete in presence of Deputy Auditor or Notary Public*

X \_\_\_\_\_  
Signature of Party B

Subscribed and sworn before me this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

X \_\_\_\_\_  
Signature of Deputy Auditor / Notary Public

Place notary seal here