CLERK OF SUPERIOR COURT MOHAVE COUNTY COURTHOUSE POST OFFICE BOX 7000 KINGMAN, ARIZONA 86402

Virlynn Tinnell Clerk Phone (928) 753-0713 Fax (928) 753-0781

MARRIAGE LICENSE BY MAIL APPLICATION FORM

A copy of a valid driver's license for both the groom and bride must be included with this application.

Please print: Information must be clear and accurate as it will appear on your marriage license,

MALE: (All information must be provided per A.R.S. §25-121)

Legal Name:			
First		Middle	Last
Current Address:			
	Street Address		
	City	State	Zip Code
	Age	Date of Birth	
FEMALE: (All in	nformation must	be provided per A.R.S. §25-	121)
Legal Name:			
First		Middle	Last
Current Address:			
	Street Address		
	City	State	Zip Code
	Age	Date of Birth	
Please provide the	e address where	e you may be contacted after	your wedding:
Name:		Phone N	umber:
Street Address:			
City, State, Zip Code	:		

WILL NOT BE MAILED OUTSIDE THE UNITED STATES

PLEASE INITIAL BY SOCIAL SECURITY NUMBER.

His Social Security Number is:	Initial Here:
Her Social Security Number is :	Initial Here: