## **APPLICATION FOR MARRIAGE LICENSE**

Phone Number\_\_\_\_\_

PERSONAL PARTICULARS	CONTRACTING PARTIES												
	GROOM							BRIDE					
FULL NAME: LAST, FIRST, MIDDLE													
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 BIR	RTH	RACE-SPECIFY	AGE		DATE OI	F BIRTH	I	RACE-SPECIFY	
BIRTHPLACE						L							
SOCIAL SECURITY NUMBER													
OCCUPATION OR TRADE													
RELATIONSHIP OF PARTIES, IF ANY					ANY I	EGAL IMPEDIM	ENT	YES	5		N	NO 🖂	
DESIGNATED SURNAME (LAST NAME <u>AFTER</u> MARRIAGE)													
Georgia Residents Have you completed a premarital education program, was it within the last twelve months? YesNo   Only (If so please give certificate to clerk along with application so that we may make a copy.)													
DATE & COUNTY OF CONTEMPLATED MARRIAGE							BRIDES MAIDE		E				
NUMBER OF PREVIOUS MARRIAGES (PLEASE CIRCLE ONE)	1	2	3	4	5	OTHER	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 (CITY/STATE, UNKNOWN OR DECEASED)	FATHER'S	5					_ FATHER	'S					
	MOTHER'	S					MOTHER	r's					
FATHER'S BIRTHPLACE													
MOTHER'S FIRST & MAIDEN NAME													
MOTHER'S BIRTHPLACE													

SIGNATURE OF GROOM \_\_\_\_\_

## SIGNATURE OF BRIDE\_

## PLEASE ATTACH APPROPRIATE FEE AND RETURN TO CLERK.

\$27.00 Georgia Resident Adult's license with premarital education certificate \$28.00 Georgia Resident Minor's license with premarital education certificate