

APPLICATION, LICENSE AND CERTIFICATE OF MARRIAGE

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES – NC VITAL RECORDS

LICENSE NUMBER _____

COUNTY _____

MALE APPLICANT

1. NAME		FIRST	MIDDLE	LAST	
2a. RESIDENCE-STATE		2b. COUNTY		2c. CITY, TOWN, OR LOCATION	
2d. INSIDE CITY LIMITS (Specify Yes or No)		2e. STREET AND NUMBER		3. BIRTHPLACE (COUNTY & STATE)	
4a. DATE OF BIRTH (Month, Day, Year)		4b. AGE		5a. FATHER-NAME	
5b. STATE OF BIRTH		5c. ADDRESS (If Living)		6a. MOTHER-MAIDEN NAME	
6b. STATE OF BIRTH		6c. ADDRESS (If Living)		7. RACE (Optional)	
8. NUMBER OF THIS MARRIAGE - FIRST, SECOND, ETC. (Specify)		IF PREVIOUSLY MARRIED		10. EDUCATION-SPECIFY HIGHEST GRADE COMPLETED	
9a. LAST MARRIAGE ENDED BY: Death, Divorce, Or Annulment (Specify)		9b. DATE		ELEMENTARY	HIGH SCHOOL
		MONTH	YEAR	(0,1,2,3,4, ... or 8)	(1, 2, 3, or 4)
				COLLEGE	(1, 2, 3, 4, or 5)

FEMALE APPLICANT

11a. NAME		FIRST	MIDDLE	LAST	
11b. MAIDEN SURNAME (If Different)		12a. RESIDENCE-STATE		12b. COUNTY	
12c. CITY, TOWN, OR LOCATION		12d. INSIDE CITY LIMITS (Specify Yes or No)		12e. STREET AND NUMBER	
13. BIRTHPLACE (COUNTY & STATE)		14a. DATE OF BIRTH (Month, Day, Year)		14b. AGE	
15a. FATHER-NAME		15b. STATE OF BIRTH		15c. ADDRESS (If Living)	
16a. MOTHER-MAIDEN NAME		16b. STATE OF BIRTH		16c. ADDRESS (If Living)	
17. RACE (Optional)		18. NUMBER OF THIS MARRIAGE - FIRST, SECOND, ETC. (Specify)		IF PREVIOUSLY MARRIED	
19a. LAST MARRIAGE ENDED BY: Death, Divorce, Or Annulment (Specify)		19b. DATE		ELEMENTARY	HIGH SCHOOL
		MONTH	YEAR	(0,1,2,3,4, ... or 8)	(1, 2, 3, or 4)
				COLLEGE	(1, 2, 3, 4, or 5)

WE HEREBY MAKE APPLICATION TO THE REGISTER OF DEEDS FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR THAT ALL OF THE STATEMENTS CONTAINED IN THE ABOVE APPLICATION ARE TRUE. WE FURTHER MAKE OATH THAT THERE IS NO LEGAL IMPEDIMENT TO SUCH MARRIAGE.

SIGNATURE OF MALE APPLICANT _____

SOCIAL SECURITY NUMBER OF MALE APPLICANT _____

SIGNATURE OF FEMALE APPLICANT _____

SOCIAL SECURITY NUMBER OF FEMALE APPLICANT _____

To any ordained minister of any religious denomination, minister authorized by a church, federally or state recognized Indian nation or tribe, magistrate, or any other person authorized to solemnize a marriage under the laws of this State, you are hereby authorized, at any time within 60 days from the date hereof, to celebrate the proposed marriage at any place within this State. The minister or other person celebrating this marriage is required within 10 days to return this license to the Register of Deeds who issued the license. Failure to do so subjects person celebrating marriage to a forfeiture of \$200.00 to anyone who sues for the same.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ 20_____

REGISTER OF DEEDS

DEPUTY ASSISTANT

OFFICIANT

WITNESSES

21a. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON		MONTH	DAY	YEAR	21b. PLACE OF MARRIAGE - COUNTY	
21c. SIGNATURE OF OFFICIANT		21d. TITLE		21e. NAME OF OFFICIANT (PRINT/TYPE)		
21f. ADDRESS		22a. SIGNATURE OF WITNESS		23a. SIGNATURE OF WITNESS		
22b. NAME OF WITNESS (PRINT/TYPE)		23b. NAME OF WITNESS (PRINT/TYPE)		22c. ADDRESS OF WITNESS		
23c. ADDRESS OF WITNESS						

DATE RETURNED TO REGISTER OF DEEDS _____ RECEIVED BY _____

DHHS 2132 Substitute ROD-055
VITAL RECORDS VS-80 (Revised 8/04)

VITAL RECORDS COPY

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STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES – NC VITAL RECORDS

LICENSE NUMBER

COUNTY

MALE APPLICANT

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5a. FATHER-NAME		5b. STATE OF BIRTH		5c. ADDRESS (If Living)	
6a. MOTHER-MAIDEN NAME		6b. STATE OF BIRTH		6c. ADDRESS (If Living)	
7. RACE (Optional)	8. NUMBER OF THIS MARRIAGE – FIRST, SECOND, ETC. (Specify)	IF PREVIOUSLY MARRIED		10. EDUCATION-SPECIFY HIGHEST GRADE COMPLETED	
		9a. LAST MARRIAGE ENDED BY: Death, Divorce, Or Annulment (Specify)		9b. DATE MONTH YEAR	ELEMENTARY (0,1,2,3,4, ... or 8)

FEMALE APPLICANT

11a. NAME		FIRST	MIDDLE	LAST		11b. MAIDEN SURNAME (If Different)
12a. RESIDENCE-STATE		12b. COUNTY		12c. CITY, TOWN, OR LOCATION		12d. INSIDE CITY LIMITS (Specify Yes or No)
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SIGNATURE OF FEMALE APPLICANT

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PARENT'S CONSENT

I, the undersigned, hereby swear or affirm that I am the (parent) (guardian) of _____ and have full or joint custody of the underage applicant. I further swear or affirm that (he) (she) is _____ years of age and that I am the proper person within the meaning of G.S. 51-2 to give consent to the marriage of said person. I hereby consent to (his) (her) marriage to _____ and request the Register of Deeds to issue a license for this purpose.

SIGNATURE OF PARENT OR GUARDIAN

SIGNATURE OF PARENT OR GUARDIAN

Subscribed and sworn to before me this _____ day of _____, _____.

Register of Deeds

Assistant/Deputy

PARENT'S CONSENT

I, the undersigned, hereby swear or affirm that I am the (parent) (guardian) of _____ and have full or joint custody of the underage applicant. I further swear or affirm that (he) (she) is _____ years of age and that I am the proper person within the meaning of G.S. 51-2 to give consent to the marriage of said person. I hereby consent to (his) (her) marriage to _____ and request the Register of Deeds to issue a license for this purpose.

SIGNATURE OF PARENT OR GUARDIAN

SIGNATURE OF PARENT OR GUARDIAN

Subscribed and sworn to before me this _____ day of _____, _____.

Register of Deeds

Assistant/Deputy

Attach certified copy of court order authorizing marriage.