

OFFICE OF LIVINGSTON COUNTY CLERK

NO. _____

MALE

FEMALE

and

FULL NAME OF MALE (FIRST, MIDDLE, LAST)

FULL NAME OF FEMALE (FIRST, MIDDLE, LAST)

FULL NAME AT BIRTH

PRESENT AGE

DATE OF BIRTH

PRESENT AGE

DATE OF BIRTH

RESIDENCE NO. STREET

RESIDENCE NO. STREET

CITY, STATE, AND ZIP CODE

CITY, STATE, AND ZIP CODE

RESIDENCE COUNTY

OF TIMES PREVIOUSLY MARRIED

RESIDENCE COUNTY

OF TIMES PREVIOUSLY MARRIED

BIRTHPLACE — CITY AND STATE

BIRTHPLACE — CITY AND STATE

FATHER'S FULL NAME

FATHER'S FULL NAME

MOTHER'S FULL NAME AT BIRTH BEFORE FIRST MARRIAGE

MOTHER'S FULL NAME AT BIRTH BEFORE FIRST MARRIAGE

FATHER'S BIRTHPLACE

MOTHER'S BIRTHPLACE

STATE OR COUNTRY

FATHER'S BIRTHPLACE

MOTHER'S BIRTHPLACE

STATE OR COUNTRY

APPLICANT'S DAYTIME PHONE «

APPLICANT'S DAYTIME PHONE »

YOUR MARRIAGE RECORD IS VITAL TO YOU. BE SURE THE FOREGOING IS COMPLETE AND CORRECT IN ALL DETAILS*

DATE SET FOR MARRIAGE _____ Please review requirements to apply for marriage licenses in Livingston County