

Mail License: Yes No Address for mailing License:

**MARRIAGE LICENSE APPLICATION
WORKSHEET**

Applicant A male or female (circle one)

Applicant B male or female (circle one)

Name: (first, middle, last)			Maiden Name:			Name: (first, middle, last)			Maiden Name:								
Address:			County			Address:			County								
City:			State:			Zip:			City:			State:			Zip:		
Birthplace: (State or foreign country)			Date of Birth:			Age:			Birthplace: (State or foreign country)			Date of Birth:			Age:		
Transmissible Disease? Yes No (circle one)			If previously married, last marriage ended by: Death Divorce Annulment (circle one of above) Date Marriage ended: Number of this Marriage:						Transmissible Disease? Yes No (circle one)			If previously married, last marriage ended by: Death Divorce Annulment (circle one of above) Date Marriage ended: Number of this Marriage:					
Social Security Number:						Social Security Number:											
Education		Elementary/Secondary (0 – 12) Grade completed:		College (1-4 or 5+) Years completed:		Education		Elementary/Secondary (0-12) Grade completed:		College (1-4 or 5+) Years completed:							
Usual Occupation:						Usual Occupation:											
Current Phone Number:						Current Phone Number:											
Parental Information						Parental Information											
Father's Name (first, middle initial, last)						Father's Name (first, middle initial, last)											
Birthplace (state or foreign country)			Occupation			Birthplace (state or foreign country)			Occupation								
Father's Residence City:			State:			Father's Residence City:			State:								
Mother's Name (first, middle initial, last)				Maiden Surname		Mother's Name (first, middle initial, last)				Maiden Surname							
Birthplace (state or foreign country)			Occupation			Birthplace (state or foreign country)			Occupation								
Mother's Residence City:			State:			Mother's Residence City:			State:								

We verify that the statements made in the foregoing application are true and correct to the best of our knowledge, information and belief. The undersigned understands that the statements made therein are subject to the penalties of 18Pa. C. S. Section 4904, relating to unsworn falsification to authorities.

Signature of Applicant A

Signature of Applicant B

Sworn and subscribed to before me this _____ day of _____ A. D. 20_____

(Clerk of Orphans' Court)

(SEAL)