

For Office Use Only:
Application No.

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MARRIAGE APPLICATION
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SECTION A: SPOUSE INFORMATION

SECTION B: SPOUSE INFORMATION

LAST NAME:

[] []

FIRST NAME:

[] []

MIDDLE NAME:

[] []

SUFFIX: JR., SR., II OR III IF APPLICABLE:

[] [] [] []

CITY OF RESIDENCE: _____

COUNTY OF RESIDENCE: _____

STATE OF RESIDENCE: _____ STATE OF BIRTH _____

DATE OF BIRTH:

MONTH: [] [] DAY: [] [] YEAR: [] [] [] []

RACE: _____ U.S. CITIZEN? YES NO

SOCIAL SECURITY # _____

HAVE YOU EVER BEEN MARRIED? YES NO

IF MARRIED BEFORE HOW MANY TIMES? _____

LAST MARRIAGE ENDED BY: DIVORCE ANNULMENT DEATH

DATE LAST MARRIAGE ENDED:

MONTH: [] [] DAY: [] [] YEAR: [] [] [] []

LAST NAME:

[] []

FIRST NAME:

[] []

MIDDLE NAME:

[] []

MAIDEN NAME:

[] []

CITY OF RESIDENCE: _____

COUNTY OF RESIDENCE: _____

STATE OF RESIDENCE: _____ STATE OF BIRTH _____

DATE OF BIRTH:

MONTH: [] [] DAY: [] [] YEAR: [] [] [] []

RACE: _____ U.S. CITIZEN? YES NO

SOCIAL SECURITY # _____

HAVE YOU EVER BEEN MARRIED? YES NO

IF MARRIED BEFORE HOW MANY TIMES? _____

LAST MARRIAGE ENDED BY: DIVORCE ANNULMENT DEATH

DATE LAST MARRIAGE ENDED:

MONTH: [] [] DAY: [] [] YEAR: [] [] [] []

SECTION C: STATEMENT

We, _____ & _____
SPOUSE NAME SPOUSE NAME

attest that we separately or together have or have not Obtained and read or otherwise accessed the information
contained in the handbook or other electronic media presentation of rights and responsibilities of parties to a marriage specified
in Florida Statute 741.0306. We separately or together have or have not completed a premarital preparation course.

SPOUSE SIGNATURE

DATE

SPOUSE SIGNATURE

DATE

SECTION D: ADDRESS TO MAIL YOUR CERTIFIED COPY OF THE MARRIAGE LICENSE

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE NUMBER _____