For Office Use Only:
Application No.
[ ][ ][ ][ ] – [ ][ ]

MARRIAGE APPLICATION FEE
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SECTION A: 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:

SECTION B: SPOUSE INFORMATION

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