

PRINT, USE BLACK INK  
 FULTON COUNTY, GEORGIA

# MARRIAGE LICENSE APPLICATION

LICENSE#:

EMAIL:

PHONE NUMBER:

		APPLICANT 1			APPLICANT 2		
<b>1</b>	<b>FULL CURRENT NAME:</b>	First	Middle	Last	First	Middle	Last
	<b>LAST NAME ON BIRTH CERTIFICATE:</b>						
<b>2</b>	<b>ADDRESS:</b>	Street			Street		
	<b>CITY/STATE/ZIP CODE:</b>						
<b>3</b>	<b>GENDER/AGE/DATE OF BIRTH:</b>	Gender	Age	DOB:	Gender	Age	DOB:
<b>4</b>	<b>PLACE OF BIRTH:</b> (US CITY & STATE OR FOREIGN COUNTRY)						
<b>5</b>	<b>ARE YOU RELATED?</b>						
<b>6</b>	<b>DESIGNATED SURNAME:</b> (LAST NAME TO BE USED AFTER MARRIAGE)						
<b>7</b>	<b>NUMBER OF PREVIOUS MARRIAGES:</b>	None	One	Two Other (Specify):	None	One	Two Other (Specify):
<b>8</b>	<b>HOW WAS EACH PREVIOUS MARRIAGE DISSOLVED:</b>	Divorce	Annulment	Death	Divorce	Annulment	Death
<b>9</b>	<b>DATE &amp; PLACE EACH WAS DISSOLVED:</b>	When	US City & State	or Foreign Country	When	US City & State	or Foreign Country
<b>10</b>	<b>ANY LEGAL IMPEDIMENT/REASON YOU SHOULD NOT BE MARRIED?</b>						
<b>11</b>	<b>FATHER'S FULL NAME:</b>	First	Middle	Last	First	Middle	Last
<b>12</b>	<b>MOTHER'S FULL NAME:</b>	First	Middle	Last	First	Middle	Last
<b>13</b>	<b>DATE &amp; GEORGIA COUNTY WHERE MARRIAGE WILL OCCUR:</b>						

Have you completed Premarital Education Pursuant to Code Section 19-3-30.1? Yes \_\_\_\_ No \_\_\_\_ (Please attach certificate is yes)

I hereby certify that the foregoing answers and information provided above are true and correct and that I have received the DHR Aids and list of test sites. DO NOT SIGN UNTIL REQUESTED BY CLERK!

Applicant 1: \_\_\_\_\_

Applicant 2: \_\_\_\_\_

I hereby certify that the foregoing answers were confirmed under oath and subscribed before me by both of the contracting parties.

This \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_

Clerk, Probate Court: \_\_\_\_\_

The name on the marriage license have been reviewed and are listed correctly:

Party #1's Initials: \_\_\_\_\_

Party #1's Initials: \_\_\_\_\_