

MARRIAGE LICENSE APPLICATION

PRINT, USE BLACK INK
 FULTON COUNTY, GEORGIA

LICENSE#: _____

EMAIL: _____ PHONE NUMBER: _____

		APPLICANT 1			APPLICANT 2		
		First	Middle	Last	First	Middle	Last
1:	FULL CURRENT NAME:						
	LAST NAME ON BIRTH CERTIFICATE:						
	ADDRESS:	Street			Street		
2:		City	State	Zip	City	State	Zip
	CITY / STATE / ZIP CODE:						
		Gender	Age	DOB	Gender	Age	DOB
3:	GENDER / AGE / DATE OF BIRTH:						
4:	PLACE OF BIRTH: (US CITY & STATE OR FOREIGN COUNTRY)						
5:	ARE YOU RELATED?	Yes	No		Yes	No	
6:	DESIGNATED SURNAME: (LAST NAME TO BE USED AFTER MARRIAGE)						
		None	One	Two / Other (Specify)	None	One	Two / Other (Specify)
7:	NUMBER OF PREVIOUS MARRIAGES:						
		Divorce	Annulment	Death	Divorce	Annulment	Death
8:	HOW WAS EACH PREVIOUS MARRIAGE DISSOLVED:						
		When	U.S. City & State OR	Foreign Country	When	U.S. City & State OR	Foreign Country
9:	DATE & PLACE EACH WAS DISSOLVED:						
10:	ANY LEGAL IMPEDIMENT/REASON YOU SHOULD NOT BE MARRIED?	Yes	No		Yes	No	
		First	Middle	Last	First	Middle	Last
11:	FATHER'S FULL NAME:						
		First	Middle	Last	First	Middle	Last
12:	MOTHER'S FULL NAME:						
		Date	Georgia County		Date	Georgia County	
13:	DATE & GEORGIA COUNTY WHERE MARRIAGE WILL OCCUR:						

	Yes*	No	
Have you completed Premarital Education Pursuant to Code Section 19-3-30.1?	<input type="checkbox"/>	<input type="checkbox"/>	<i>*Please attach certificate if yes</i>

DO NOT SIGN UNTIL REQUESTED BY CLERK!

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.

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 #2's Initials: _____