

PRINT, USE BLACK INK

MARRIAGE LICENSE APPLICATION

LICENSE #:

FULTON COUNTY, GEORGIA

Email address:

Phone Number:

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

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

I hereby certify that the foregoing answers and information provided above are true and correct and that I have received the DHR Aids brochure 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 names on the marriage license have been reviewed and are listed correctly: _____ Party #1's initials _____ Party #2's initials