



APPLICATION FOR MARRIAGE LICENSE, YOUNG COUNTY, TEXAS

The form and content of this application is prescribed by section 2.004 of the Texas Family Code.

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195 SEC 195.003)

Applicant One	First Name _____	Middle Name _____	Current Last Name _____	Suffix _____
	Womans Maiden Name (If Applicable) _____			Telephone Number _____
	Street Address _____		City _____	State _____ Zip Code _____
	Date of Birth _____	Place of Birth (Including city, county and state) _____		Social Security Number _____

I have not been divorced within the last 30 days. TRUE FALSE

I am not presently married. TRUE FALSE

I am not presently delinquent in the payment of court ordered child support. TRUE FALSE

The other applicant is not presently married. TRUE FALSE

I am not related to the applicant as: TRUE FALSE

- * an ancestor or descendant, by blood or adoption;
- * a brother or sister, of the whole or half blood or by adoption;
- * a parents brother or sister of the whole or half blood or by adoption;
- * a son or daughter of a brother or sister of the whole or half blood or by adoption;
- * a current or former stepchild or stepparent or;
- * a son or daughter of a parents brother or sister, of the whole or half blood or by adoption.

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home visitation program administered by the Office of Early Childhood Coordination of the Health and Human Services [Texas Family Code 2.004(13)]

I solemnly swear(or affirm) that the information I have given in this application is correct

Applicant Two	First Name _____	Middle Name _____	Current Last Name _____	Suffix _____
	Womans Maiden Name (If Applicable) _____			Telephone Number _____
	Street Address _____		City _____	State _____ Zip Code _____
	Date of Birth _____	Place of Birth (Including city, county and state) _____		Social Security Number _____

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I am not presently married. TRUE FALSE

I am not presently delinquent in the payment of court ordered child support. TRUE FALSE

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I am not related to the applicant as: TRUE FALSE

- * an ancestor or descendant, by blood or adoption;
- * a brother or sister, of the whole or half blood or by adoption;
- * a parents brother or sister of the whole or half blood or by adoption;
- * a son or daughter of a brother or sister of the whole or half blood or by adoption;
- * a current or former stepchild or stepparent or;
- * a son or daughter of a parents brother or sister, of the whole or half blood or by adoption.

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of the Health and Human Services [Texas Family Code 2.004(13)]

I solemnly swear(or affirm) that the information I have given in this application is correct

Mail Executed License To:(Street/P.O. Box,City,State,zip) _____

For County Clerk Office Use Only

Subscribed and sworn to before me, or I certify that the applicant did not appear personally but the prerequisites for the license have been fulfilled as prescribed by Section 2.007 of the Texas Family Code on _____

KAY HARDIN _____, County Clerk YOUNG _____ County, Texas Ceremony Performed By: _____

By _____ Deputy Date of Marriage: _____ County/Place Of Marriage _____

APPLICANT ONE IDENTIFICATION TYPE(ID & age) _____

APPLICANT TWO IDENTIFICATION TYPE(ID & age) _____

LICENSE # _____

VOLUME _____ PAGE _____