MARRIAGE LICENSE APPLICATION

DATE OF BIRTH	AGE:		
PLACE OF BIRTH CITY	COUNTY_	STATE	
SOCIAL SECURITY NUMBER:	TELEPHONE #		
ADDRESS:			
CITY	STATE		
DRIVER'S LICENSE NUMBER:		STATE	
E4.5	*		
55		10	
APPLICANT 2		£	
FULL NAME			
MAIDEN NAME			
DATE OF BIRTH			
PLACE OF BIRTH CITY	COUNTY	STATE_	
SOCIAL SECURITY NUMBER:			
ADDRESS:			
CITY	STATE		
DRIVER'S LICENSE NUMBER:	*	STATE	