

Applicant I - Full Name *(Please print)*

Applicant II - Full Name *(Please print)*

First name Middle name Last name

First name Middle name Last name

Race *(Check one only)*: American Indian Asian
 Black Hispanic White Other
Sex: Male Female

Race *(Check one only)*: American Indian Asian
 Black Hispanic White Other
Sex: Male Female

Social Security No.:

Social Security No.:

Date of Birth: _____ Age: _____
Month Day Year

Date of Birth: _____ Age: _____
Month Day Year

If you are NOT at least 18 years of age, please notify the Clerk

If you are NOT at least 18 years of age, please notify the Clerk

County of Residence: _____

County of Residence: _____

City of Residence: _____

City of Residence: _____

State of Residence: _____

State of Residence: _____

Birthplace: _____
(State or Foreign Country)

Birthplace: _____
(State or Foreign Country)

Birth Name: _____

Birth Name: _____

Previous Marriage Information:

Previous Marriage Information:

Is this your first marriage? Yes No
If No, this will be number 2 3 4 _____
If No, last marriage end by: Death Divorce Annulment

Is this your first marriage? Yes No
If No, this will be number 2 3 4 _____
If No, last marriage end by: Death Divorce Annulment

Date last marriage ended _____
Month Day Year

Date last marriage ended _____
Month Day Year

Contact Mailing Address: _____

Contact Phone No: (_____) _____
Area Code Telephone Number

When do you plan to be married? | _____
Month Day Year

Have you, together or separately completed a premarital preparation course? Yes No

If Yes, you will be required to provide a copy of the certificate of completion during the license issuance process.

Are you the parents of a child(ren) in common, **born** in the State of Florida? Yes No

If Yes, please complete the "Affirmation of Common Children Born in Florida" form.

Applicant I Email : _____

Applicant I Daytime Phone Number : _____

Applicant II Email : _____

Applicant II Daytime Phone Number : _____