COMMONWEALTH OF VIRGINIA

APPLICATION FOR MARRIAGE LICENSE

PLEASE Print and Give FULL Names

Please Check One: Bride_____ Groom _____ Spouse_____

PRESENT NAME:_____
(First) (Middle) (Last)

MAIDEN SURNAME (If different from present Last Name)_____

Please Check One: Male_____ Female_____

AGE:_____ DATE OF BIRTH:_____ PLACE OF BIRTH:_____
(State or Foreign Country)

SSN # _____ [OR] DMV Control #: _____

RACE: _____ NUMBER OF THIS MARRIAGE_____ (☐ Divorced OR ☐Widow)
(1st, 2nd, Etc.)

(Specify only highest grade completed or GED)

EDUCATION:_____ ___(1-12 Or GED) COLLEGE:(# of years attended)_____

HOME ADDRESS:_____

CITY/COUNTY:_____STATE:_____ZIP:_____

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**Give names of natural parents at birth, unless legally adopted. Give names which appear on parent's birth certificate.

NAME OF PARENT:_____

(First, Middle, Last, Suffix) (Maiden name if any) Please Check One: Male_____ Female_____

NAME OF PARENT:_____

(First, Middle, Last, Suffix) (Maiden name if any) Please Check One: Male_____ Female_____

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IMPORTANT: PLEASE give a phone number where you can be reached between 8:30 a.m. – 4:00 p.m.

PHONE NUMBER:_____

Notices To Applicant:

- **The above information is required by the State Registrar of Vital Statistics and Virginia Code § 32.1-267.**
- **THIS LICENSE IS ONLY GOOD FOR 60 DAYS FROM DATE ISSUED.**
- **ANY UNUSED LICENSE MUST BE RETURNED TO THE CLERK'S OFFICE.**