

Application for Marriage License

Georgia Department of Human Resources

"Vital Records Service"

County of Chatham

County No.1502122

| Personal Particulars | Contracting Parties | | | | | |
|--|---------------------|------------|--------|-------------|------------|--------|
| | Applicant 1 | | | Applicant 2 | | |
| 1. Full Name | | | | | | |
| 2. Residence, Street Address | | | | | | |
| 3. City | | | | | | |
| 4. County, State, and Zip code | | | | | | |
| 5. Age / Date of Birth / Sex | Age | Birth Date | Sex | Age | Birth Date | Sex |
| | | | M F | | | M F |
| 6. Birth Place <i>City, State</i> | | | | | | |
| 7. Relationship <i>Are you blood related?</i> | | | | | | |
| 8. Usual Occupation (Optional) | | | | | | |
| 9. Maiden Name (if applicable) | | | | | | |
| 10. Designated Surname <i>Name after marriage</i> | | | | | | |
| 11. Number of Previous Marriages | | | | | | |
| 12. If Previous Marriages, How Dissolved | | | | | | |
| 13. Upon What Grounds | | | | | | |
| 14. When and Where | | | | | | |
| 15. Any Legal Impediment | | | | | | |
| 16. Father's name <i>First and Last</i> | | | | | | |
| 17. Father's Birthplace <i>City, State</i> | | | | | | |
| 18. Mother's Maiden Name <i>First and Last</i> | | | | | | |
| 19. Mother's Birthplace <i>City, State</i> | | | | | | |
| 20. Parents Residence: Father <i>City, State</i> | | | | | | |
| 21. Parents Residence: Mother <i>City, State</i> | | | | | | |
| 22. Contact Phone No. For Couple | | | | | | |

*Please check one: **You have** or **you have not** completed premarital education pursuant to Code Section 19-3-30.1
If you have, please attach certificate.*

I hereby certify that the foregoing answers were made under oath and subscribed before me by both of the contracting parties.

This _____ day of _____, 20____

Deputy Clerk, Probate Court Chatham County, Georgia

I hereby certify that I have received the DHR AIDS brochure and list of test sites

Applicant_____

Applicant_____