

MARRIAGE APPLICATION-STATE OF FLORIDA ONLY

SPOUSE-(please print)

SPOUSE-(please print)

Full Name: _____
(First, Middle & last)

Full Name: _____
(First, middle & last)

Maiden Name: _____

Maiden Name: _____

Date of Birth: _____

Date of Birth: _____

*****IF YOU ARE NOT AT LEAST 18 YEARS OF AGE, PLEASE NOTIFY CLERK*****

Residence

Residence

City: _____

City: _____

County: _____

County: _____

State: _____

State: _____

Place of Birth: _____
(State or Foreign Country)

Place of Birth: _____
(State or Foreign Country)

Social Security #: _____

Social Security #: _____

Race: (Please check one)

Race: (Please check one)

- American Indian Black Hispanic
 Other Oriental/Asian White

- American Indian Black Hispanic
 Other Oriental/Asian White

Previous Marriage: Yes No

Previous Marriage: Yes No

Number this marriage will make: _____

Number this marriage will make: _____

Last marriage ended by:

Last marriage ended by:

- Annulment Death Divorce

- Annulment Death Divorce

Date last marriage ended: _____
(Month, day & year)

Date last marriage ended: _____
(Month, day & year)

Mailing Address: _____

Phone Number : _____

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

When do you plan to be married? _____

Do you have children born together in Florida? Yes No

MUST BE MARRIED IN THE STATE OF FLORIDA ONLY
_____ SPOUSES INITIALS _____ SPOUSES INITIALS

We attest that we have obtained and read or otherwise accessed the information contained in the Family Law Handbook or other electronic media presentation of the rights and responsibilities of the parties to a marriage specified in F.S. 741.0306.

Spouse's signature: _____

Spouse's signature: _____

Date: _____

Date: _____