

## **MARRIAGE LICENSE APPLICATION**

### **Applicant One**

Full Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone No \_\_\_\_\_ Resident County: \_\_\_\_\_

Birth Place: \_\_\_\_\_ Number of Previous Marriages; \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

Number of Minor Children: \_\_\_\_\_

Applicant's Occupation: \_\_\_\_\_

### **PUBLICATION NOTICE:**

Would you like your marriage posted in the Circleville Herald?

☐ Yes      OR      ☐ No

**PLEASE ATTACH** A COPY OF YOUR DRIVER'S LICENSE AND PROOF OF RESIDENCY.

EXAMPLES OF PROOF OF RESIDENCY:

MORTGAGE STATEMENT/RENTAL AGREEMENT/UTILITY BILL/PAYCHECK STUB

**Previously Widowed(Circle one)**      YES      NO  
IF APPLICANT HAS BEEN PREVIOUSLY WIDOWED PLEASE **PROVIDE DEATH CERTIFICATE.**

Full Name of Spouse: \_\_\_\_\_

How many Times: \_\_\_\_\_

Date Widowed: \_\_\_\_\_

**Previously Divorced(circle one)**      YES      NO  
IF PREVIOUSLY DIVORCED PLEASE PROVIDE MOST CURRENT **CERTIFIED COPY** OF DIVORCE DECREE.

How many Times: \_\_\_\_\_

Full Name of Spouse: \_\_\_\_\_

Minor Children(Name & Age): \_\_\_\_\_

Final Date of Decree: \_\_\_\_\_

Case No.: \_\_\_\_\_

County: \_\_\_\_\_

Court: \_\_\_\_\_

State: \_\_\_\_\_

**\*\*IF MORE THAN ONE MARRIAGE HAS OCCURRED, PLEASE PROCEED TO PAGE 5 AND PROVIDE PREVIOUSLY MARRIED INFORMATION\*\***

**Applicant Two**

Full Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone No \_\_\_\_\_ Resident County: \_\_\_\_\_

Birth Place: \_\_\_\_\_ Number of Previous Marriages; \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

Number of Minor Children: \_\_\_\_\_

Applicant's Occupation: \_\_\_\_\_

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**PLEASE EMAIL COMPLETED APPLICATION TO:**  
**splanck@pickawaycountyohio.gov**

Full Name of Spouse:\_\_\_\_\_

Minor Children(Name & Age):\_\_\_\_\_

Final Date of Decree:\_\_\_\_\_

Case No.:\_\_\_\_\_

County:\_\_\_\_\_

Court:\_\_\_\_\_

State:\_\_\_\_\_

Full Name of Spouse:\_\_\_\_\_

Minor Children(Name & Age):\_\_\_\_\_

Final Date of Decree:\_\_\_\_\_

Case No.:\_\_\_\_\_

County:\_\_\_\_\_

Court:\_\_\_\_\_

State:\_\_\_\_\_

**PAYMENT INFORMATION:**

**WE ACCEPT: EXACT CASH/MONEY ORDER/VISA/MASTER CARD**

**CREDIT CARD INFORMATION (CIRCLE ONE)    VISA            MASTER CARD**

Credit Card No. \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ CVN No. \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature Authorizing Payment: \_\_\_\_\_