MARRIAGE WORKSHEET

FULL NAME_____

BIRTH NAME IF DIFFERENT_____

SURNAME AFTER MARRIAGE_____

SOCIAL SECURITY NUMBER_____

PHONE NUMBER _____

RESIDENCE STREET ADDRESS_____

WITHIN INCORPORATED VILLAGE YES OR NO

CITY TOWN VILLAGE STATE COUNTY

SPECIFY_____

AGE_____DATE OF BIRTH_____

USUAL OCCUPATION_____

TYPE OF BUSINESS OR INDUSTRY_____

PLACE OF BIRTH_____

FATHER'S NAME_____

COUNTRY OF BIRTH_____

MOTHER'S MAIDEN NAME_____

COUNTRY OF BIRTH_____

NUMBER OF THIS MARRIAGE_____

NUMBER OF PREVIOUS MARRIAGES_____

HOW DID LAST MARRIAGE END_____

DATE LAST MARRIAGE ENDED: _____
MONTH DAY YEAR

ARE ANY FORMER SPOUSE (S) ALIVE _____DEAD_____

DATE AND PLACE ISSUED_____

AGAINST WHOM_____

ADDRESS WHERE CERTIFICATE SHOULD BE MAILED_____