

**COMMONWEALTH OF VIRGINIA
APPLICATION FOR MARRIAGE LICENSE**

CIRCUIT COURT FOR CITY OR COUNTY OF _____						CLERK'S NUMBER _____
PARTY A (optional - check one) <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE						
1. FULL NAME (first) _____ (middle) _____ (last) _____ (suffix) _____		2. MAIDEN SURNAME (if different from last name) _____				
3. AGE _____	4. DATE OF BIRTH (month, day, year) _____	5. PLACE OF BIRTH (state or foreign country) _____	6. SOCIAL SECURITY NO. OR DMV NO. (OR NONE) _____	7. NUMBER OF THIS MARRIAGE (first, second, etc.) _____		
8. MARITAL STATUS (if previously married) <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		9. EDUCATION (specify only highest grade completed) Elementary or Secondary (0-12) College (1-4 or 5+) _____		10. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER _____		
10a. CITY OR TOWN OF RESIDENCE _____		10b. COUNTY (if independent city, leave blank) _____		10c. STATE (or foreign country) _____		
11. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) _____			12. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) _____			
PARTY B (optional - check one) <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE						
13. FULL NAME (first) _____ (middle) _____ (last) _____ (suffix) _____		14. MAIDEN SURNAME (if different from last name) _____				
15. AGE _____	16. DATE OF BIRTH (month, day, year) _____	17. PLACE OF BIRTH (state or foreign country) _____	18. SOCIAL SECURITY NO. OR DMV NO. (OR NONE) _____	19. NUMBER OF THIS MARRIAGE (first, second, etc.) _____		
20. MARITAL STATUS (if previously married) <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		21. EDUCATION (specify only highest grade completed) Elementary or Secondary (0-12) College (1-4 or 5+) _____		22. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER _____		
22a. CITY OR TOWN OF RESIDENCE _____		22b. COUNTY (if independent city, leave blank) _____		22c. STATE (or foreign country) _____		
23. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) _____			24. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) _____			

WE HEREBY MAKE APPLICATION TO THE CLERK OF THE ABOVE-NAMED COURT FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR/AFFIRM THAT ALL OF THE STATEMENTS ABOVE ARE TRUE. WE FURTHER MAKE OATH THAT NEITHER OF THE PARTIES NAMED ABOVE WHO ARE TO BE MARRIED IS LEGALLY INCOMPETENT, CURRENTLY MARRIED, NOR ARE WE RELATED TO EACH OTHER TO A PROHIBITED DEGREE. Chapter 3, Title 20, Code of Virginia.

WE FURTHER UNDERSTAND THAT WILLFULLY AND KNOWINGLY MAKING ANY FALSE STATEMENTS OR SUPPLYING FALSE INFORMATION IS A CLASS 4 FELONY. Chapter 7, Title 32.1 Code of Virginia.

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

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