

For Office Use Only:

Application No.

Application Date

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Application Date 2 0

SECTION A: STATEMENT

We, APPLICANT 1 NAME & APPLICANT 2 NAME

attest that we separately or together have or have not obtained and read or otherwise accessed the information contained in the handbook or other electronic media presentation of rights and responsibilities of parties to a marriage specified in Florida Statute 741.0306. We separately or together have or have not completed a premarital preparation course.

APPLICANT 1 SIGNATURE DATE APPLICANT 2 SIGNATURE DATE

MAILING ADDRESS CITY/STATE/ZIP

SECTION B: PLEASE PRINT

APPLICANT 1 INFORMATION

FIRST NAME:

DATE OF BIRTH: Month Day Year

MIDDLE NAME:

SOCIAL SECURITY NO:

LAST NAME:

PLACE OF BIRTH (STATE/COUNTRY):

SUFFIX: JR, SR, II or III, IF APPLICABLE

RACE:

ARE YOU A U.S. CITIZEN? YES or NO

MAIDEN NAME:

CURRENT CITY: STATE: COUNTY:

CONTACT PHONE NUMBER: HAVE YOU EVER BEEN MARRIED? YES or NO

HOW MANY TIMES? LAST MARRIAGE ENDED BY: DIVORCE or ANNULMENT or DEATH

DATE LAST MARRIAGE ENDED: Month Day Year

SECTION C: PLEASE PRINT

APPLICANT 2 INFORMATION

FIRST NAME:

DATE OF BIRTH: Month Day Year

MIDDLE NAME:

SOCIAL SECURITY NO:

LAST NAME:

PLACE OF BIRTH (STATE/COUNTRY):

SUFFIX: JR, SR, II OR III, IF APPLICABLE

RACE:

ARE YOU A U.S. CITIZEN? YES or NO

MAIDEN NAME:

CURRENT CITY: STATE: COUNTY:

HAVE YOU EVER BEEN MARRIED? YES or NO HOW MANY TIMES?

LAST MARRIAGE ENDED BY: DIVORCE or ANNULMENT or DEATH

DATE LAST MARRIAGE ENDED: Month Day Year

Do the parties applying for this marriage license have any children together? Yes No

If yes, were they born in the State of Florida? Yes No

NO REFUNDS, NO PERSONAL CHECKS ACCEPTED