

MARRIAGE LICENSE INFORMATION SHEET

SPOUSE 1 INFORMATION

Full name:	
Home Phone #:	Cell or Work Phone #:
Date of Birth (<i>mmddyyyy</i>):	Birthplace: (<i>State or Foreign Country</i>)
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other	
You presently reside in: (<i>City</i>) (<i>State</i>) (<i>County</i>)	
Number of this Marriage:	Last marriage ended in: <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment
Last marriage ended on: (<i>Month</i>) (<i>Day</i>) (<i>Year</i>)	
Maiden Name (if applicable):	

SPOUSE 2 INFORMATION

Full name:	
Home Phone#:	Cell or Work Phone #:
Date of Birth (<i>mmddyyyy</i>):	Birthplace: (<i>State or Foreign Country</i>)
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other	
You presently reside in: (<i>City</i>) (<i>State</i>) (<i>County</i>)	
Number of this Marriage:	Last marriage ended in: <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment
Last marriage ended on: (<i>Month</i>) (<i>Day</i>) (<i>Year</i>)	
Maiden Name (if applicable):	

Please submit address where you would like certified copy mailed after you are married:

Address: _____

Spouse 1 SSN:	Spouse 2 SSN:
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**REQUIRED PREMARITAL STATEMENT
F.S. §741.04**

We the undersigned, hereby state: (check the appropriate statements)

1. _____ We have completed a premarital preparation course together.
 _____ We did not complete a premarital preparation course by a registered provider.
2. _____ 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 parties to a marriage specified in F.S. 741.0306.
3. _____ We understand that all fees are non-refundable and a duplicate or amended marriage license will cost an additional \$30.00.
4. _____ We have common child(ren) born in Florida. (Pursuant to SB 694, if the answer is yes, the applicants must complete Form DH 743A)

Spouse Signature

Spouse Signature

Print Name

Print Name

Witnessed this _____ day of _____ 20____.

Deputy Clerk