

APPLICATION FOR MARRIAGE LICENSE

State of Georgia
County of Candler

State File No. _____

County No. _____

Personal Particulars

CONTRACTING PARTIES							
	Applicant 1			Applicant 2			
1. Full Name							
2. Residence Street Address							
City							
County and State							
3. Age (Last Birthday) Date of Birth and Race	Age	Birth Date	Race	Age	Birth Date	Race	
4. Birthplace							
5. Relationship							
6. Usual Occupation(Optional)							
7. Designated Surname							
8a. Number of Previous Marriages							
8b. If Previously Married How Dissolved/Upon What Grounds							
8c. When and Where							
9. Any Legal Impediment							
10. Father's Name							
11. Father's Birthplace							
12. Mother's Maiden Name							
13. Mother's Birthplace							
14. Parents' Residence (Mother) (Father)							
15. Date and Place of Contemplated Marriage							

Have you completed PreMarital Education Puruant to Code Section 19-3- 30.1? Yes No (If Yes, attach certificate)

I hereby certify that the forgoing answers were made under oath and subscribed before me by both of the contracting parties.

I hereby certify that I have received the DHR AIDS brochure and list of test sites

This _____ day of _____, 20_____

Applicant> _____

Applicant> _____

Signature of Probate Judge/Deputy Clerk