

MINIDOKA COUNTY MARRIAGE LICENSE APPLICATION

TO BE FILLED OUT BY COUPLE MAKING APPLICATION

Your marriage record is vital.
Be sure the information you give is complete and accurate.

License No: _____
Ceremony Date: _____

PLEASE PRINT - USE BLACK INK

Applicant 1	First Name	Middle Name	Last Name	Maiden Name	
<input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> PARTNER	Address Line 1				
	Address Line 2				
	City		County	State	Zip Code
	Phone	Birthdate	Age	Social Security Number	Race
	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Birth City	Birth State	Birth Country
	Parent Name		Parent Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Parent Relationship <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	
	Gender <input type="checkbox"/> M <input type="checkbox"/> F Other:				

Applicant 2	First Name	Middle Name	Last Name	Maiden Name	
<input type="checkbox"/> GROOM <input type="checkbox"/> BRIDE <input type="checkbox"/> PARTNER	Address Line 1				
	Address Line 2				
	City		County	State	Zip Code
	Phone	Birthdate	Age	Social Security Number	Race
	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Birth City	Birth State	Birth Country
	Parent Name		Parent Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Parent Relationship <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	
	Gender <input type="checkbox"/> M <input type="checkbox"/> F Other:				

CERTIFICATION - SIGN BEFORE MARRIAGE AGENT

We, the undersigned, certify that the information given in this application is true and correct to the best of our knowledge and belief.

_____ FULL SIGNATURE OF APPLICANT 1

_____ FULL SIGNATURE OF APPLICANT 2

Sworn and subscribed to before me this _____ day of _____, 20 _____

MARRIAGE LICENSE AGENT