**STATE OF GEORGIA**

**APPLICATION FOR MARRIAGE LICENSE**

**COUNTY OF** **LICENSE NO.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL PARTICULARS** | **CONTRACTING PARTIES** | | | | | |
| **Applicant One** **Applicant Two** | | | | | |
|
| 1. FULL NAME |  | | |  | | |
| 2. RESIDENCE STREET ADDRESS |  | | |  | | |
| CITY |  | | |  | | |
| COUNTY and STATE |  | | |  | | |
| 3. AGE LAST BIRTHDAY  DATE OF BIRTH AND RACE | AGE | D.O.B. | RACE (Optional) | AGE | D.O.B. | RACE (Optional) |
|  |  |  |  |  |  |
| 4. BIRTHPLACE (City or County, State) |  | | |  | | |
| 5. RELATIONSHIP OF PARTIES, IF ANY |  | | |  | | |
| 6. DESIGNATED SURNAME |  | | |  | | |
| 7A. NUMBER OF PRIOR MARRIAGES |  | | |  | | |
| 7B. HOW PRIOR MARRIAGE(S) DISSOLVED |  | | |  | | |
| 7C. WHEN AND WHERE (County, State) |  | | |  | | |
| 8. FATHER’S NAME |  | | |  | | |
| 9. FATHER’S BIRTHPLACE (City/County, State) |  | | |  | | |
| 10. MOTHER’S MAIDEN NAME |  | | |  | | |
| 11. MOTHER’S BIRTHPLACE (City/County, State) |  | | |  | | |
| 12. FATHER’S ADDRESS, if required |  | | |  | | |
| 13. MOTHER’S ADDRESS, if required |  | | |  | | |
| 14. DATE AND PLACE OF CONTEMPLATED  MARRIAGE (City or County, State) |  | | |  | | |
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EACH OF THE UNDERSIGNED APPLICANTS HEREBY CERTIFIES THAT THE ANSWERS GIVEN ABOVE ARE TRUE AND CORRECT, THAT EACH HAS RECEIVED THE DHR AIDS BROCHURE AND LIST OF TEST SITES, AND THAT THERE IS NO LEGAL IMPEDIMENT TO THE MARRIAGE OF THE PARTIES.

Applicant One ⮚ Applicant Two ⮚

Sworn to and subscribed before me, this Sworn to and subscribed before me, this

Probate JUDGE/Deputy CLERK/Notary Public Probate JUDGE/Deputy CLERK/Notary Public