

**STATE OF GEORGIA**  
**APPLICATION FOR MARRIAGE LICENSE**

**APPLICANT 1**

**PLEASE PRINT**

**APPLICANT 2**

Name			Name		
(First)	(Middle)	(Last)	(First)	(Middle)	(Last)

Residence Address			Residence Address		
City/State/Zip			City/State/Zip		
County		Phone	County		Phone
Age	Date of Birth		Age	Date of Birth	
Gender		Race	Gender		Race
Birthplace			Birthplace		
(City or Co., and State)			(City or Co., and State)		

Occupation			Occupation		
Relationship of Parties			Relationship of Parties		
Designated Surname _____ Last name at birth			Designated Surname _____ Last name at birth		
No. of Prior marriages:	SSN		No. of Prior marriages:	SSN	
How Prior Marriage Dissolved			How Prior Marriage Dissolved		
When and Where			When and Where		
Legal Impediments			Legal Impediments		
Father's Name			Father's Name		
Fathers Birthplace			Fathers Birthplace		
(City or Co., and State)			(City or Co., and State)		

Mothers Full Maiden Name			Mothers Full Maiden Name		
Mother's Birthplace			Mother's Birthplace		
(City or Co., and State)			(City or Co., and State)		

Father's Address			Father's Address		
(City or Co., and State)			(City or Co., and State)		

Mother's Address			Mother's Address		
(City or Co., and State)			(City or Co., and State)		

Have you had premarital education? Yes____ No____ (If Yes, attach certificate)		
Contemplated Marriage: _____ (Date) (City or Co., and State)		
Mailing address after marriage: _____		