

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

**APPLICANT 1**

PLEASE PRINT

**APPLICANT 2**

Name: _____ <small>(First) (Middle) (Last)</small>			Name: _____ <small>(First) (Middle) (Last)</small>		
Residence Address: _____  City/State/Zip: _____			Residence Address: _____  City/State/Zip: _____		
County: _____		Phone: _____	County: _____		Phone: _____
Age: _____	Date of Birth: _____		Age: _____	Date of Birth: _____	
Gender: _____		Race: _____	Gender: _____		Race: _____
Birthplace: _____ <small>(City or County, and State)</small>			Birthplace: _____ <small>(City or County, and State)</small>		
Occupation: _____			Occupation: _____		
Are you related to APPLICANT 2 ?			Are you related to APPLICANT 1 ?		
Designated Surname: <small>(last name after marriage)</small>			Designated Surname: <small>(last name after marriage)</small>		
Last name at birth: _____			Last name at birth: _____		
No. of Prior marriages: ____		SSN: _____	No. of Prior marriages: ____		SSN: _____
How Was Prior Marriage Dissolved: _____			How was Prior Marriage Dissolved: _____		
When and Where: _____			When and Where: _____		
Is there any legal reason you can not marry?      Yes    No			Is there any legal reason you can not marry?      Yes    No		
Father's Name _____			Father's Name _____		
Fathers Birthplace _____ <small>(City or County, and State)</small>			Fathers Birthplace _____ <small>(City or County, and State)</small>		
Mothers Full Maiden Name _____			Mothers Full Maiden Name _____		
Mother's Birthplace _____ <small>(City or County, and State)</small>			Mother's Birthplace _____ <small>(City or County, and State)</small>		
Father's Address _____ <small>(City or County, and State)</small>			Father's Address _____ <small>(City or County, and State)</small>		
Mother's Address _____ <small>(City or County, and State)</small>			Mother's Address _____ <small>(City or County, and State)</small>		

Have you had premarital education?    Yes \_\_\_\_    No \_\_\_\_    (If Yes, attach certificate)

Date and place of wedding: \_\_\_\_\_  
(Date) (City or County, and State)

Mailing address after marriage: \_\_\_\_\_