

MARRIAGE WORKSHEET QUESTIONNAIRE

County: _____

Applicant 1

First Name:		Middle Name:	
Last Name:		Prior Last Name:	
Suffix		Sex:	

Date Of Birth:		Social Security Number:	
Place of Birth - Country:		Place of Birth - State	

Email Address:		Phone Number:	
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Mailing Address:			
City:		State:	
Zip Code:		Country:	

Is this your first marriage? YES / NO Current Marital Status: _____	Divorced	
	Divorce Date:	
	Divorce Country:	
	Divorce State:	
	Widowed	
	Widowed Date:	

Ethnicity:	
Race:	
Education	

Mother / Parent			
First Name:		Last Name:	
Last Name Prior:		Sex:	
Birth Country:		Birth State:	

Father/ Parent			
First Name:		Last Name:	
Last Name Prior:		Sex:	
Birth Country:		Birth State:	

Applicant 2

First Name:		Middle Name:	
Last Name:		Prior Last Name:	
Suffix:		Sex:	

Date Of Birth:		Social Security Number:	
Place of Birth - Country:		Place of Birth - State	

Email Address:		Phone Number:	
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Mailing Address:

City:		State:	
Zip Code:		Country:	

Is this your first marriage? YES / NO Current Marital Status: _____	Divorced	
	Divorce Date:	
	Divorce Country:	
	Divorce State:	
	Widowed	
	Widowed Date:	

Ethnicity:	
Race:	
Education	

Mother / Parent

First Name:		Last Name:	
Last Name Prior:		Sex:	
Birth Country:		Birth State:	

Father/ Parent

First Name:		Last Name:	
Last Name Prior:		Sex:	
Birth Country:		Birth State:	