

IMPORTANT

Please note that the way you state your name on the opposite side of this form is very important.

The name you enter as your current "full name" must be your name as it appears on your birth certificate, driver's license, passport, military identification, permanent residence card, resident alien card, certificate of naturalization, or any other document you present to the Court as proof of your identity. This is the name that will appear on your Marriage License. If this name is spelled incorrectly, is out of order, or otherwise wrong, you may encounter problems with state or federal agencies such as Social Security or Immigration and Naturalization Services.

The name you enter as your "designated surname" will be your legal name after you are married. If you intend to change your last name after you get married but fail to put the correct designated surname on your Application, you may encounter problems changing your name after marriage with state or federal agencies, such as the Department of Motor Vehicles or Social Security, or with your financial institutions. This court will not amend your Application to change your designated surname after you are married.

SICKLE CELL DISEASE INFORMATION

Effective July 1, 2009, this Court is required by O.C.G.A. § 19-3-40 to disseminate information regarding blood testing for Sickle Cell disease to every person applying for a marriage license. It is recommended that every person applying for a marriage license obtain a blood test for Sickle Cell disease prior to obtaining his or her marriage license. For information describing the importance of obtaining a blood test for Sickle Cell disease and explaining the causes and effects of such disease, please visit the Probate section of the Barrow county Courts website at www.barrowga.org.

I hereby certify that I have read and fully understand the above information.

Signature of Applicant

Signature of Applicant

APPLICATION FOR MARRIAGE LICENSE

GEORGIA DEPARTMENT OF HUMAN RESOURCES

"VITAL RECORDS SERVICE"

CONTRACTING PARTIES

WORKSHEET

County of BARROW		APPLICANT 1	APPLICANT 2
1. FULL NAME (INCLUDE MAIDEN NAME)			
2. RESIDENCE STREET ADDRESS AND CITY, STATE AND COUNTY			
3. AGE; BIRTH DATE and RACE GENDER:		AGE: _____ DOB: _____ RACE: _____ Gender: _____	AGE: _____ DOB: _____ RACE: _____ Gender: _____
4. BIRTHPLACE			
5. RELATIONSHIP			
6. DESIGNATED SURNAME			
7. NUMBER OF PREVIOUS MARRIAGES			
8. If previously Married How Dissolved/Upon What Grounds When and Where			
9. Any Legal Impediment			
10. Father's Full Name and Birthplace			
11. Mother's Full Name + Maiden Name and Birthplace			
12. Parent's Residence (Father) (Mother)			
13. Date and Place of Contemplated Marriage and Your Phone #			