APPLICATION FOR MARRIAGE LICENSE

GEORGIA DEPARTMENT OF HUMAN RESOURCES

"VITAL RECORDS SERVICE"

CONTRACTING PARTIES

WORKSHEET

County of BARROW	**APPLICANT 1**	**APPLICANT 2**
1. SOCIAL SERCURITY NUMBER		
2. FULL NAME		
3. RESIDENCE STREET ADDRESS AND CITY AND STATE AND COUNTY		
4. AGE; BIRTH DATE and RACE	AGE ____ DOB_____ RACE_____	AGE_____ DOB_____ RACE_____
5. BIRTHPLACE		
6. RELATIONSHIP		
7. USUAL OCCUPATION (OPTIONAL)		
8. DESIGNATED SURNAME		
9. 9a. NUMBER OF PREVIOUS MARRIAGES		
10. 9b. If previously Married How Dissolved/Upon What Grounds 11. When and Where		
11. Any Legal Impediment		
12. Father's Name and Birthplace		
13. Mother's Maiden Name and Birthplace		
14. Parent's Residence Mother and Father	(M) (F)	
15. Date and Place of Contemplated Marriage and Your Phone #		

REVISED 6/26/2015

Have you completed PreMarital Education Puruant to Code Section 19-3-30.1? _____Yes_____No (If Yes, attach certificate)