

OFFICE OF THE CLERK OF CIRCUIT COURT

.....FFKY FFFKG'COUNTY

AFFIDAVIT AND APPLICATION FOR MARRIAGE LICENSE

NAME _____

First Middle Last

SOCIAL SECURITY NUMBER (if none, leave blank) _____

AGE _____ DATE OF BIRTH (month, day, year) _____

PLACE OF BIRTH (state or foreign country) _____

NUMBER OF THIS MARRIAGE (first, second, etc.) _____

MARITAL STATUS (if previously married) WIDOWED DIVORCED

EDUCATION Elementary or Secondary (0-12) (Specify only highest grade completed) _____	College (1-4 or 5+) _____
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FULL ADDRESS _____

STREET _____

CITY, STATE, ZIP _____

COUNTY (If independent city leave blank) _____

FATHER'S NAME _____

First Middle Last

MOTHER'S MAIDEN NAME _____

First Middle Maiden

I HEREBY MAKE APPLICATION TO THE CLERK OF THE ABOVE NAMED COURT FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR THAT ALL THE STATEMENTS ABOVE ARE TRUE. I FURTHER MAKE OATH THAT NEITHER OF THE PARTIES WHO ARE TO BE MARRIED IS LEGALLY INCOMPETENT, NOR ARE WE RELATED TO EACH OTHER TO A PROHIBITED DEGREE. CHAPTER 3, TITLE 20, CODE OF VIRGINIA

SIGNATURE

STATE OF _____

COUNTY/CITY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME BY _____

_____ THIS _____ DAY OF _____ 20____.

MY COMMISSION EXPIRES:

NOTARY PUBLIC

NOTARY REGISTRATION NO.: