

## MARRIAGE LICENSE INFORMATION SHEET

Please complete the request for marriage license information below:-

### GROOM'S INFORMATION

<b>Full Name:-</b>			
<b>USA residents - Social Security #</b>		<b>Daytime Tel Number:-</b>	
<b>For non USA residents ONLY - Passport Number # and country of passport:-</b>			
<b>Date of Birth (mm/dd/yyyy):-</b>		<b>Birthplace:- (State or Foreign Country)</b>	
<b>Race:-</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Oriental/Asian <input type="checkbox"/> Other			
<b>Your presently reside in: Town/City</b>	<b>County</b>	<b>State</b>	<b>Country</b>
<b>Number of this marriage:</b>		<b>Last marriage ended in:-</b>	
		<input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment	
<b>Last Marriage Ended: Month</b>		<b>Day</b>	<b>Year</b>

### BRIDE'S INFORMATION

<b>Full Name:-</b>			
<b>USA residents - Social Security #</b>		<b>Daytime Tel Number:-</b>	
<b>For non USA residents ONLY - Passport Number # and country of passport:-</b>			
<b>Date of Birth (mm/dd/yyyy):-</b>		<b>Birthplace:- (State or Foreign Country)</b>	
<b>Race:-</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Oriental/Asian <input type="checkbox"/> Other			
<b>Your presently reside in: Town/City</b>	<b>County</b>	<b>State</b>	<b>Country</b>
<b>Number of this marriage:</b>		<b>Last marriage ended in:-</b>	
		<input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment	
<b>Last Marriage Ended: Month</b>		<b>Day</b>	<b>Year</b>
<b>Maiden Name ( Name on Birth Certificate):</b>			

Name:-

Your mailing Address:-

Wedding Coordinator / Company:

Date of Wedding:

Please complete this form and email to [admin@floridamarriagelicensebymail.com](mailto:admin@floridamarriagelicensebymail.com)