



APPLICANT 1 INFORMATION FOR MARRIAGE APPLICATION

*** PLEASE PRINT ***

NAME: _____
(LAST) (FIRST) (MIDDLE) (MAIDEN NAME)

RESIDENCE _____
(ADDRESS) (CITY) (STATE) (ZIP CODE) (COUNTY)

DATE OF BIRTH _____ RACE _____ SOCIAL SECURITY NO. _____ - -
(MM/DD/YYYY)

PLACE OF BIRTH _____ PHONE NO. _____
(STATE/COUNTRY) (CIRCLE ONE) HOME CELL WORK

DL# _____

NUMBER OF THIS MARRIAGE _____

DATE LAST MARRIAGE ENDED _____
(MM/DD/YYYY)

LAST MARRIAGE ENDED: (CIRCLE ONE) DEATH DIVORCE or ANNULMENT

APPLICANT 2 INFORMATION FOR MARRIAGE APPLICATION

*** PLEASE PRINT ***

NAME: _____
(LAST) (FIRST) (MIDDLE) (MAIDEN NAME)

RESIDENCE _____
(ADDRESS) (CITY) (STATE) (ZIP CODE) (COUNTY)

DATE OF BIRTH _____ RACE _____ SOCIAL SECURITY NO. _____ - -
(MM/DD/YYYY)

PLACE OF BIRTH _____ PHONE NO. _____
(STATE/COUNTRY) (CIRCLE ONE) HOME CELL WORK

DL# _____

NUMBER OF THIS MARRIAGE _____

DATE LAST MARRIAGE ENDED _____
(MM/DD/YYYY)

LAST MARRIAGE ENDED: (CIRCLE ONE) DEATH DIVORCE or ANNULMENT



REQUIRED PREMARITAL STATEMENT

pursuant to s. 741.04, F.S.

We, the undersigned, hereby state:

(Check the appropriate statements)

1. _____ I, the **Applicant 1**, have completed a premarital preparation course.

_____ I, the **Applicant 2**, have completed a premarital preparation course.

_____ We, the **Applicant 1** and **Applicant 2** together, have completed a premarital preparation course.

_____ We, the **Applicant 1** and **Applicant 2**, have **not** completed a premarital course.

2. _____ We have both obtained and read or otherwise accessed the information contained in the handbook or other electronic media presentation of the rights and responsibilities of parties to a marriage.

_____ We have **not** obtained and read or otherwise accessed the information contained in the handbook or other electronic media presentation of the rights and responsibilities of parties to a marriage.

3. _____ We do have children in common born in the state of Florida. (**MUST** COMPLETE DH 743A 6-10 FORM)

_____ We do **not** have children in common born in the state of Florida.

4. _____ We confirm that we are not related by lineal consanguinity pursuant to s. 741.21, F.S.

DO NOT SIGN UNTIL INSTRUCTED TO DO SO

Applicant 1 Signature

Applicant 2 Signature

Subscribed and sworn to before me on _____, 20__.

Deputy Clerk/Notary Public

_____ **YES, I would like to purchase a commemorative marriage license (\$15.00 each).**

_____ **No, I would not like to purchase a commemorative marriage license.**