

# WORKSHEET FOR PREPARATION OF MARRIAGE LICENSE FORM

<b>TODAY'S DATE:</b>		<b>DATE OF MARRIAGE:</b>	
<b>PLACE OF MARRIAGE: (NAME AND ADDRESS OF CHURCH, MAGISTRATE'S OFFICE, RESIDENCE)</b>			
LOCATION		ADDRESS	
<b>BY WHOM: (OFFICIANT'S NAME AND MAILING ADDRESS)</b>			
NAME		ADDRESS	
<b>GROOMS TELEPHONE</b>		<b>BRIDES TELEPHONE</b>	
DAY	EVENING	DAY	EVENING

<b>GROOM-NAME</b>		FIRST	MIDDLE	LAST
1				
RESIDENCE	STATE	COUNTY	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (Specify Yes or No)
2a		2b	2c	2d
STREET AND NUMBER		BIRTHPLACE (COUNTY & STATE)		DATE OF BIRTH (MONTH, DAY, YEAR)
2e		3		4a
FATHER- NAME		STATE OF BIRTH		ADDRESS (IF LIVING)
5a		5b		5c
MOTHER- NAME (INDICATE MAIDEN SURNAME)		STATE OF BIRTH		ADDRESS (IF LIVING)
6a		6b		6c
RACE (*OPTIONAL)	NUMBER OF THIS MARRIAGE (1, 2, 3.....)	IF PREVIOUSLY MARRIED LAST MARRIAGE ENDED BY SPECIFY DEATH, DIVORCE OR ANNULLMENT		DATE Month/Year
7	8	9a		10
EDUCATION- SPECIFY HIGHEST LEVEL COMPLETED		EDUCATION- SPECIFY HIGHEST LEVEL COMPLETED		
ELEMENTARY 1 2 3 4 5 6 7 8		HIGH SCHOOL 1 - 4		COLLEGE 1 - 9

<b>BRIDE- NAME</b>		FIRST	MIDDLE	LAST	MAIDEN SURNAME (IF DIFFERENT)
11a					11b
RESIDENCE	STATE	COUNTY	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (Specify Yes or No)	
12a		12b	12c	12d	
STREET AND NUMBER		BIRTHPLACE (COUNTY & STATE)		DATE OF BIRTH (MONTH, DAY, YEAR)	AGE
12e		13		14a	14b
FATHER- NAME		STATE OF BIRTH		ADDRESS (IF LIVING)	
15a		15b		15c	
MOTHER- NAME (INDICATE MAIDEN SURNAME)		STATE OF BIRTH		ADDRESS (IF LIVING)	
16a		16b		16c	
RACE (*OPTIONAL)	NUMBER OF THIS MARRIAGE (1, 2, 3.....)	IF PREVIOUSLY MARRIED LAST MARRIAGE ENDED BY SPECIFY DEATH, DIVORCE OR ANNULLMENT		DATE Month/Year	EDUCATION- SPECIFY HIGHEST LEVEL COMPLETED
17	18	19a		19b	20
ELEMENTARY 1 2 3 4 5 6 7 8		HIGH SCHOOL 1 - 4		COLLEGE 1 - 9	

For your convenience, you may purchase certified copies of your marriage license today. Certified copies purchased today will be available for pick-up in room #103 of our office after the completed license is returned by the officiant. If you wish to purchase certified copies today, please indicate the size and quantity below.

<b>8 1/2 x 11 Certificate</b>	<b>Laminated Wallet</b>	<b>Image Certified Copy</b>
<b>\$10.00 QTY: _____</b>	<b>\$7.50 (QTY 1) \$10.00 (QTY 2) x \$5.00 (EACH AFTER 2)</b>	<b>\$10.00 QTY: _____</b>

Would you like to be contacted when your pre-paid certified copies are available for pick-up? If so, please indicate either a telephone number or an e-mail address below. (If indicating a telephone number, please make sure that you or an answering service will be available between the hours of 9:00 am and 4:00 pm M-F.)

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**\* Racial Designation on the license is optional per G.S. 51-16. You may select one of the following 24 racial classifications if you are including a racial designation on your license.**  
 White, Black, African-American, American Indian, Alaska Native, Asian India, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Native Hawaiian, Guamarian, Chomorro, Samoan, Other Pacific Islander, Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, Other Spanish/Hispanic/Latino, Other.