

APPLICATION FOR MARRIAGE LICENSE

Fauquier County Circuit Court

PARTY A (check one): <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE											
FULL NAME: First Name:			Middle Name			LAST NAME:			Suffix	Sex	SSN #
Age: Years			Date of Birth (Month, Day, Year)			Place of Birth (state or foreign country)			Last Name at Birth (if different from above)		
Number of this Marriage (1st, 2nd, etc.)			Marital Status: (if previously married) <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Education (specify only highest grade completed)			Elementary or Secondary (0-12): _____ College (1-4 or 5+) _____		
Usual Residence: Street Address (and Apt. No., if applicable)											
City or Town of Residence:						County (if independent city, leave blank)			State (or Foreign Country)		
Parent's Full Name at Birth						Sex			Parent's Full Name at Birth		
PARTY B (check one): <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE											
FULL NAME: First Name:			Middle Name			LAST NAME:			Suffix	Sex	SSN #
Age: Years			Date of Birth (Month, Day, Year)			Place of Birth (state or foreign country)			Last Name at Birth (if different from above)		
Number of this Marriage (1st, 2nd, etc.)			Marital Status: (if previously married) <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Education (specify only highest grade completed)			Elementary or Secondary (0-12): _____ College (1-4 or 5+) _____		
Usual Residence: Street Address (and Apt. No., if applicable)											
City or Town of Residence:						County (if independent city, leave blank)			State (or Foreign Country)		
Parent's Full Name at Birth						Sex			Parent's Full Name at Birth		
Parent's Full Name at Birth			Sex			Parent's Full Name at Birth			Sex		

CONTACT PHONE NUMBER: _____

E-MAIL ADDRESS: _____