

OFFICE OF THE CLERK OF CIRCUIT COURT

.....FFY FFK'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) _____

RACE _____ 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.: _____