



Information Sheet for Marriage License Application

You will swear or affirm and sign the application provided to you by the clerk.
 You can shorten the application process by completing this form, printing it out and bringing it with you.

APPLICANT ONE INFORMATION:

Name _____
 (First, Middle, Current Last Name, Suffix)

Maiden Name (if applicable) _____

Telephone Number: _____

Street Address: _____

City, State, Zip _____

Date of Birth: _____ Place of Birth _____
 (city, county, state)

Social Security Number: *Bring this with you*

Answer True or False:

I have not been divorced within the last 30 days.	True	False
I am not presently married and the other applicant is not presently married.	True	False
I am not presently delinquent in the payment of court-ordered child support.	True	False
I am not related to the other applicant as: <ul style="list-style-type: none"> • an ancestor or descendant, by blood or adoption; • a brother or sister, of the whole or half blood or by adoption; • a parent's brother or sister, of the whole or half blood or by adoption; • a son or daughter of a brother or sister, of the whole or half blood or by adoption; • a current or former stepchild or stepparent; or • a son or daughter of a parent's brother or sister, of the whole or half blood or by adoption 	True	False

I wish to make a voluntary contribution of \$5.00 to promote health early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services. Tex. Family Code § 2.004(13).

APPLICANT TWO INFORMATION:

Name _____
 (First, Middle, Current Last Name, Suffix)

Maiden Name (if applicable) _____

Telephone Number: _____

Street Address: _____

City, State, Zip _____

Date of Birth: _____ Place of Birth _____
 (city, county, state)

Social Security Number: *Bring this with you*

Answer True or False:

I have not been divorced within the last 30 days.	True	False
I am not presently married and the other applicant is not presently married.	True	False
I am not presently delinquent in the payment of court-ordered child support.	True	False
I am not related to the other applicant as: <ul style="list-style-type: none"> • an ancestor or descendant, by blood or adoption; • a brother or sister, of the whole or half blood or by adoption; • a parent's brother or sister, of the whole or half blood or by adoption; • a son or daughter of a brother or sister, of the whole or half blood or by adoption; • a current or former stepchild or stepparent; or • a son or daughter of a parent's brother or sister, of the whole or half blood or by adoption 	True	False

I wish to make a voluntary contribution of \$5.00 to promote health early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services. Tex. Family Code § 2.004(13).